STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07/B4

**DHMH** - 17 (VR A15 ME (5))

Burial

24 FUNERAL DIRECTOR

5-30-87

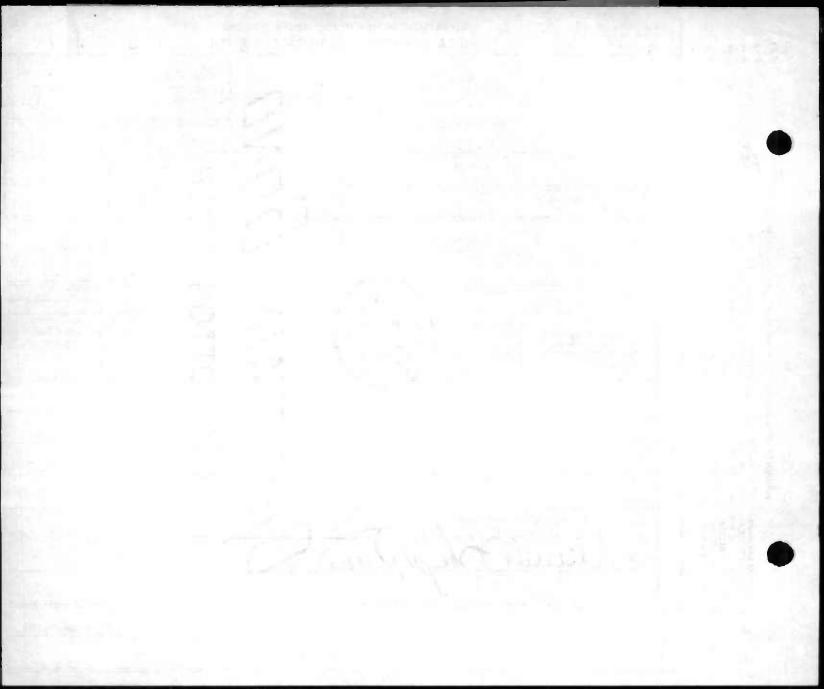
W. Mclarke Mattingle Theonardtown, Md.

Leonardtown, St. Marwis, Md. DATE REC'DARY REGISTRAN 256 REGISTRAN'S SIGNATURE

7h HOUR

2:45

A



055212

		1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	8 /	. NO.	3	18
21	2.11		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH			26 HOUR
deo	- 00,	- 6	101	DORA	L.	EE	CARI		May 2			2:58 R
r p		3. SE	X		4. RACE		S. DATE C		6. AGE (IN YEARS LAS		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
urs a		F	EMALE		CAUCAS	IAN	FEE		77	YRS		MONG MIN.
2 hou	0		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY C	F DEATH	
T T			ENTUCKY		U.	S.A.	WIDOWE		ST. MAR	Y'S		MD.
453 W	3/	10 C	TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a USUAL OCCUP		12b. KIND C	OF BUSINESS OR
by the	10	L	EONARDTOWN	I	ST.	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. MARY 'S HOSPITAL			HOMEMAK		INDUSTRI	
5 8	10		AL RESIDENCE (IF NUR	13b. COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	CC / 710 CODE		
1	CE		ARYLAND		MARY'S	LEXINGTO		YES NO NO		OWAY DRI	VF 2	20653
100	11-2-		THER'S NAME				II III.	15. MOTHER'S MAIDEN N	IAME			
處理	186		PARIS		MIDDLE	WILLIAMSO	M	FIRST EBBIE	WIDDE		MAY	
1	-	16a. V	VAS DECEASED EVER	IN U.S. AR		166 SOCIAL SECU		17 INFORMANT	249	BREWIDWAY		
on o	2/		YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	401-01-	2687	MARY LEE DI		KINGTON I		
ers.	the state of		18 CAUSE OF DEAT	TH (E-1	1			TIAKI LEE DI	APIOND, LE	INGION		MD. 2065
i by the attendin	or, cremanon, or r ather traumatic		Conditions, if any gove rise to im couse (a), stati underlying couse	mediate ng the	(b)_	R AS A CONSEOU	(	excide	Pent			
been signed nit. Then pl	ony injury.	CERTIFICATION	PART 2 OTHER SIG					NOT RELATED TO THE TER	RMINAL DISEASE OR C	20h IF YES, V	WERE FINDI	NGS USED
per	T W	E			3 3 1				YES TO NOT			OF DEATH?
ertificate ial-transit	em 8 sho		210. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU		-		,,,,
fter this cas the bur	orked or I	MEDICAL	21d INJURY OCCUR	HILE [7]	21e. PLACE	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITYO	RIOWN	COUNTY	STATE
DIRECTOR: A	n 21 is mo			ed alive on		-3/ 1710		nd that in (my) (our) opinio	n death accurred on th	e date and hour o	and from the	that (It (we) last couses stated
RAL DIRE	NT. The		The SIGNATURE	7/	mg	tom p			MEDICAL STATE OF THE	TAFF SICIAN 🗌	S/	25/F7
TO FUNERAL	MPORTA			, D.	Boyd I	I, M,D.			nardtown,	Md		
		23a. E	SURIAL, CREMATION,	REMOVAL	23b. DATE	230 1	VAME OF C	EMETERY OR CREMATORY	23d LOCATION	ė.	COUNTY	STATE

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

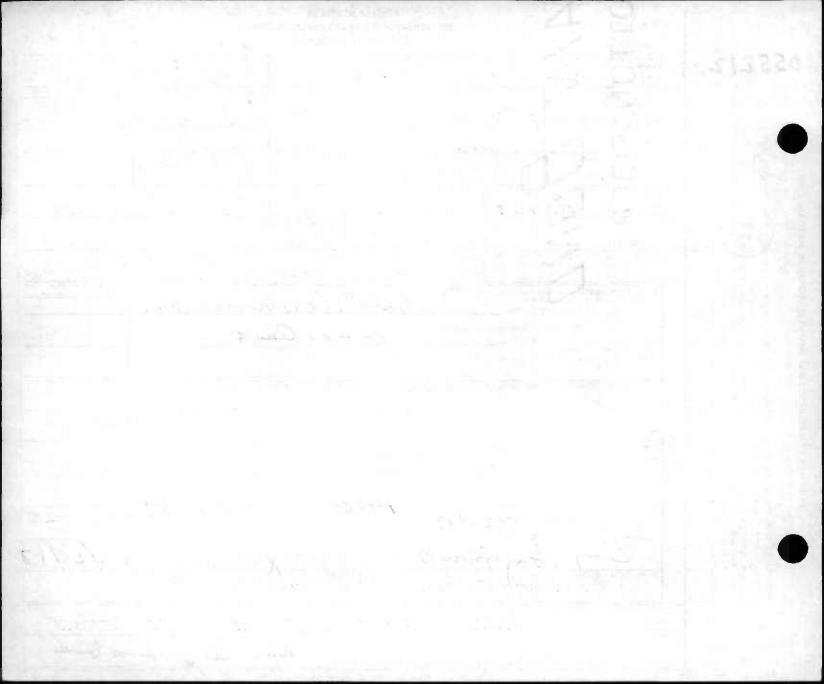
24 FUNERAL DIRECTOR EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

BURIAL

5/27/87

THE FAMILY CEMETERY

PIKE, COUNTERFECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1987 Julia Decidion.



executed

requires that the death certificate be

offending physician

TO HOSPITAL OR ATTENDING

BP.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CEDTIFICATE OF DEATH

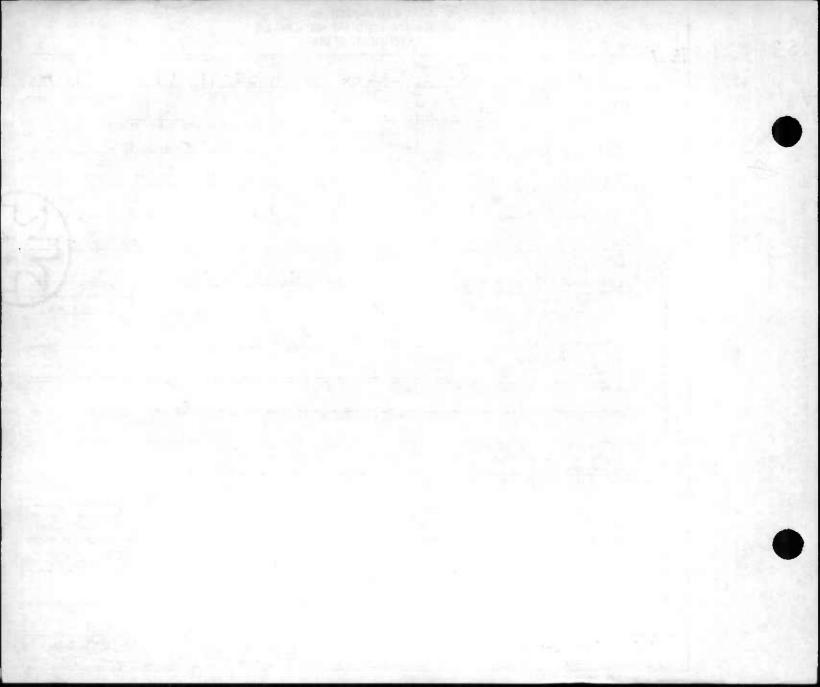
8	REG. NO.	1 5	3	1	
DATE	SE DEATH WONE	DAY	VEAD	21 110	51.11

AT		STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	8 7 REG. NO.	5 3 1
		CEASED NAME FIRST OZELLA	NMI CO	OLEY	MAY 21, 1	987 YEAR 25 HOUR 1055
3	3. SEX	Female	A RACE Black	S. DATE OF BIRTH Sept. 10, 1908	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS
0		RTHPLACE (STATE OR FOREIGN N.C.	76 CITIZEN OF WHAT COUNTRY U.S.A.	** 8 MARRIED NEVER MARRIED WIDOWED ** DIVORCED **	9 BALTIMORE CITY OR COU ST. MARY S	
6	1	TY OR TOWN OF DEATH LEONARDTOWN	ST. MARY S		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Mid-wife	12b. KIND OF BUSINES INDUSTRY  Nursing
5	USUA IJn. S	TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13t. CITY OR TOV Mary's Lexing	WN 134. INSIDE CITY LIMITS?	Box 313/206	
16	6a W	AS DECEASED EVER IN U.S. A	VE WAR OR DATES)		eth ADDRESS	Cannon  Same as 13e
		IAA AA ED LA	TE CAUSE (0) Acute	Westerna 4 V	The factor	
	ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  Acusto Cen	ebrovarular	DEATH BUT NOT RELATED TO THE TERM	and Mel Sery	wes
9	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  LONG CONDITION FOR WHICE  21b. TIME OF INJURY	DEATH BUT NOT RELATED TO THE TERM  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  216. HOW INJURY OCCUR	1200 AUTOPSY? 100.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  A CLIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE [IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED]	DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  LOCAL STATE OF INJURY HOUR A.M. MONTH IS	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 211. LOCATION	200 AUTOPSY? D. IN CI	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK 22a-1 certify that (1) (this hosp	DUE TO, OR AS A CONSEOU (c)  CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE INTO) ottended the deceased from 19 ottended the 19 ottended the 19 ottended the 19 ottended the	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED  DAY YEAR  19 211. LOCATION STREET  19 218. HOW INJURY OCCUP 19 211. LOCATION STREET	200 AUTOPSY? DR. IN CI YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY  STA  19 that (I) (we have and from the causes state

C-W-low Sivery to 1 Workship 1

-		FOR	DEPAR		E OF MARYLAND BEALTH AND MENTAL HYG	IENE 👝 💟			
Q.	11	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		3 0 2	
7		SEASED NAME FIRST	- IAM TJOSE	eph	AST	20 DATE OF DEATH	NONTH DAY	YEAR 2b	HOUR
	3 SEX		14 RACE	IS DATE O	AME Sr.	6 AGE (IN YEARS LAST BIRTH	DAY] IF U	INDER I YEAR IF U	INDER 24 HRS
		M'ale	White	Dec		91	YRS		ORS MIN
1	7.11	CHPLACE (STATE OF FOREIGN) OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR			
	10 CT	Missouri TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURS			St. Mar	N	126 KIND OF BU	MD. ISINESS OR
0		Charlotte Hall	Charlotte Ha	II VA.	Facility	Assembly V		Aircra	aft Man.
5	130 S	Md. Bal			YES NO X	13e STREET ADDRESS /	ZIP CODE C	Cockeys	ville,Md 21030
31	H FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE	D.	LAST	
~		AS DECEASED EVER IN U.S. AR			Barbara 17 INFORMANT	May		riesner	21030
2	/ IY	Yes (IF YES GIV	VE WAR OR DATES	3942	Mrs. Doris E	E. Robinson	, 1700		
		Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEO	MONI UENCE OF UENCE OF	Bran Syra			APPROXIMATE ACTIVET ONSE!	
7	CERTIFICATION	190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO			20a AUTOPSY?	206 IF YES, WIN CERTIFYIN	VERE FINDINGS	DEATH?
1		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE-		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	YES TO STEM 18 PART		0 🗍
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
		220 1 certify that (hithis hosp	ital) attended the deceased from	87 . 01	nd that in (our) opinion of DEGREE  ATTENDING PHYSICIAN	death occurred an the do		that on the coust 22c DATE SIGN	
	23a 8	Andre OGOLO INC	276 DATE 233 5/14/87 E	vergr	8 8 A A S	23d LOCATION CITY OR TOWN Finksbu EREC'D. BY REGISTRAR 2	ra C	OUNITY Carroll RC SIGNAL RE	STATE Md.
		J. E. Lowell 1	emmon, 10 W.	Padoni	a RD.   MA	Y 1 3 1987	7		

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE	OF MA	RYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	and a	1	100	
8	REG. NO	1	2	0

- STATE REGISTRAR		CERTIFICATE OF DEATH	8 6 G NO 1	5 3 2 1								
DECEASED NAME THU	WIDDIE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR								
JOHN	DOUGLAS	CROSS. SR.	May 28, 198	7 9.31,44								
1 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS								
Male	White	July 5,1904	.82 YRS									
A BIRTHPLACE LITTE OFFICE ON	76 CITIZEN OF WHAT COUNTR		- 9 BALTIMORE CITY OR COUN	ITY OF DEATH								
Md.	U.S.A.	WIDOWED TO DIVORCED	_	s County MD.								
IS CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR:	SING HOME OR OTHER INSTITUTION	12g USUAL OCCUPATION	126 KIND OF BUSINESS OR								
Leonardtown		ry's Hospital	Poctor ·	Dentistry								
PSUAL RESIDENCE IN MAINING HONE THE STATE THE TOTAL PROPERTY OF THE PERSON OF T	OF OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		4								
The state of the s	Mary's Colton		General Del									
A FATHER'S NAME	MICIDIA: LAST	15. MOTHER'S MAIDEN	NAME	1.65								
	odhead Cros			Campbell								
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		ADDRESS BO	ox 18A								
NO IF YELL	213-38	-3015 John D.	Cross Jr.Mecha	enicsville/								
18 CAUSE OF DEATH (Enter	only one couse per line for (g), (b),	and (ct.).	TELESCHILLE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAU	ISED BY.		eumonia	· I day								
WMED	DUE TO, OR AS A CONSEQUENCE OF											
The second second												
Conditions, if any, which gave rise to immediate												
cause (a), stating the underlying cause last												
	-/	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION (	GIVEN IN PART 11a								
THE DATE OF OPERATION  21s. ACCIDENT WAS UNDERSTORAGE	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20s AUTOPSY? 20b IF	YES, WERE FINDINGS USED								
9			IN CER	RTIFYING CAUSES OF DEATH?								
21s. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71r HOW IN JURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	YES NO								
CONTRACTOR OF THE PARTY OF	HOUR A.M. MONTH	DAY YEAR	COUNTED (Eleifa MATORE OF INJOHA MATOR	TO PART CORTANT 23								
(FEITHER HODEV MEDICALEXAM		211. LOCATION										
A SIE MOUNT OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OF TOWN	COUNTY STATE								
al more La At more La												
	spital) oftended the deceased from		27.10_3/28	_, 19, that ([we) last								
the decrased alive	an	87, and that in (my) (aur) pin	on death accurred on the date and h	naur and from the causes stated								
27h SIGNATURE	1 / W	DEGREE		220 DATE SIGNED								
11/2	V M	ATTENDING PHYSICIAN		5/29/17								
224 PHYSICIAN'S NAME (19	ACON PAINT)	22e ADDRESS		1 11								
Dorrid	Allen, M.D.	Leonard	town, Md. 20650									
Zia BURIAL CREMATION, REMOV		I NAME OF CEMETERY OR CREMATO										
Burial		edar Hill Cemet	CITY OF TOWN	P.G. Md.								
24 FUNERAL DIRECTOR	0-1-07	Izsa Izsa	DATE REC'D. BY REGISTRAR 256 REG									
	tingley, Leona	rd+own Md		Desider Randall								
W. Clarke Mal	cingrey, reona	Lucowii, Mu.	1001									

CONTRACTOR CONTRACTOR OF THE C

24 FUNERAL DIRECTOR

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

DHMH - 16 60M 7/B4

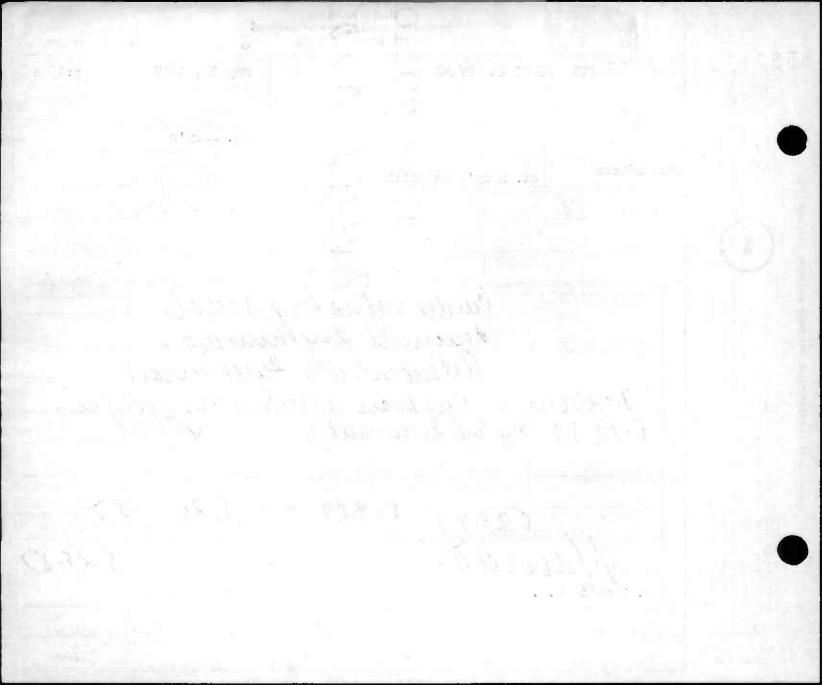
(VRA 15, 4)

	1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MEN		ENE 8 7 REG. NO.	5 3	2 2		
death J		CEASED NAME FIRST V.	IRGINIA "	EVANS	l	AST		May 24, 1987	DAY YEAR	26 HOUR 5: 15 A		
ector. p	3 SE	X FEMALE	4. RACE CAUCAS	IAN	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.		
To log die		RTHPLACE (STATE OR FOREIGN COUNTRY) WASHINGTON, D.C	. U.	S.A.	WIDOWE		CED	9 BALTIMORE CITY OR COUNTY OF DEATH				
76	Le	onardtown	St. Mar	11. NAME OF HOSPITAL, NURSING HOME OR OTHER I (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  St. Mary's Hospital			TION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKER .		OF BUSINESS OR		
1335	13a M	ARYLAND ST.	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TY  13c. CITY OR TOWN CHAPTICO					13e STREET ADDRESS / ZIP CO RT. #234, 1	IP CODE BOX 38 2062			
3	D	ATHER'S NAME LEO	MIDDLE	MURRAY			RRIE	WIDDLE	FILL			
<b>1</b>		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? /E WAR OR DATES)	578-20-		CAROLE V	7. FAS		. BOX 38 PTICO, M			
s that the death certificated by the attending physical corporation, or remove corporation, or remove or or other traumatic events	WEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o.), stating the underlying couse lost	DUE TO, OR  (b)  DUE TO, OR  (c)	actions	NCE OF	pusto Lary Lusti	1 th	aues.	10			
IVSICIAN. The law requireding physician. Is certificate has been sign burdel-transit permit. Then partial Hygiene prior to burdel-treas slow, ony injury, them is slow, any injury,		190 DAJE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DELIVE LIFETHER NOTIFY MEDICAL EXAMINET	PUP TO NATH HOUR A.A.	FINJURY M. MONTH DA	luc	WAS PERFORME WILLUS	vert	YES NO NO IN CER	YES, WERT FINDING CAUSES YES []	NGS USED 6 OF DEATH? NO		
the haspital or attenting PH  1. DIRECTOR: After the stacked for use as the lee Dept. of Health and it frem 21 is marked at the lee Dept. of Health and it frem 21 is marked at	ME	WHILE AT WORK AT WORK  220 L certify that (1) (this hasp sow the deceased alive an above, (1) (we taid (did no 22b. SIGNATUR)	(AT HOME, STRI	decrosed from	J.	od that in (my) (our)		eoth occurred on the date and h	our and from the			
TO HOSPITAL etoined by th TO FUNERAL should be deti with the State		22d. PHYSICIAN'S NAME (TYPE C. Samadi M.				22e ADDRESS  LEONARI	OTOWN,	, MARYLAND 2065	0			
BP		BURIAL, CREMATION, REMOVAL (SPECHY) CREMATION	23b. DATE 5/26/			EMETERY OR CREM		WALDORF, CHA	RLES, MA	RYLAND		

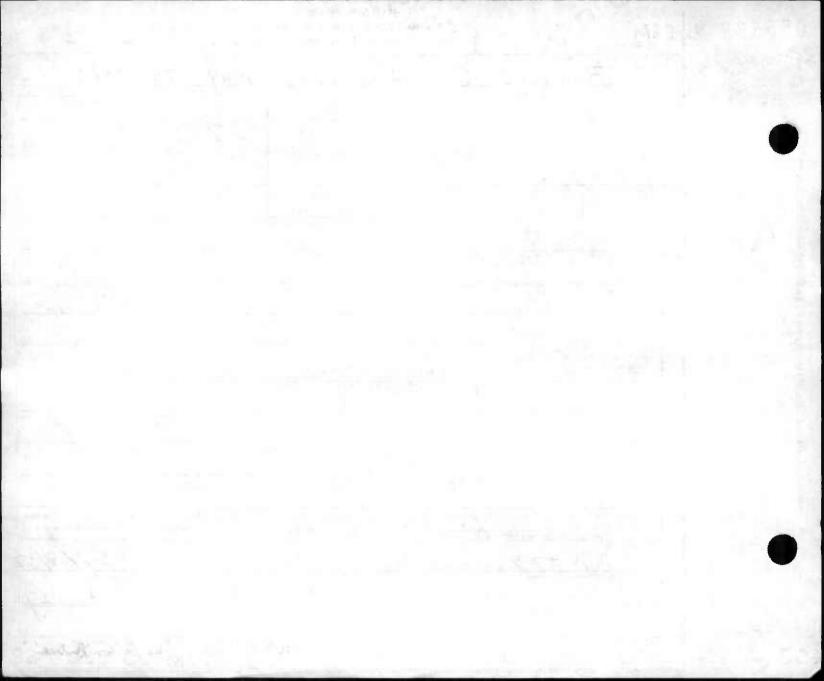
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

dia Division Rondall

STATE OF MARYLAND



55326 JUN		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH 8 /REG. NO.	5 3 2 3
nay be page 3	[TYPE		ICHE C	GOLDRING		
ege 4 ma rector, pa rs after d once.	-	emale	RACE Black	Dec. 22, 1924		
deerm. P		RTHPLACE (STATE ON FOREIGN OUNTRY)  Md.	JE CITIZEN OF WHAT COUNTRY? U.S.A.		ced / Charles//	St. Marys MD
by the fo		narlotte Hall	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET at home -	ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN COOK	Restaraunt
within 24 ho	130, 3	Md. St. N	Mary's Charlot	N 134 INSIDE CITY L	Rt 1 Box 1	131/20622
eculed w	160 \		wel Goldri MED FORCES? 166 SOCIAL SECU	9	e B. ADDRESS LO	Neal Neal
ian and Pages	(	ves, no or unknown) (# yes, givi	e WAR OR DATES) 220-38	-1395 Mary E	Ellen Mason, Lexi	ington Park, Md
certifica g physic n papers removal			oly one couse per line for (d), (b), on D BY: TE CAUSE (a)	wition		MIWEEN ONSET AND DEATH  WOLLY
quires that the death gned by the attending please remove carboi burial, cremation, or njury, or other traum	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause to), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUI	ENCE OF Mess	A LAST THE TERMINAL DISEASE OR CONDITION	15 mo
N: The law ree n: ate has been si permit. Then giene prior to 8 shows any ii		190 DATE OF OPERATION		OPERATION WAS PERFORME	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
NG PHYSII Inding phys fler this cer he burial-tra and Mental arked or tre	MEDICAL CE	210 ACCIDENT WAS DIDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTEY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE AT WORK AT WORK	HOUR AM MONTH DA	19 211 LOCATION	Y OCCURRED (ENTER NATURE OF MJURY IN ITEM	18, PART I ORPART 2)  COUNTY STATE
TTEN al or a TOR: use as f Heal		27e I certify that (I) (this hospi	ital) attended the décrased from	DECREE	9 , to roylion deoth occurred on the date and	hour and from the couses stated  220 DATE SIGNED
TO HOSPITALOM A retained by the hospital TO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If Item		176. PHYSICIAN'S NAME (14PE O	RPRINT) SMAW	ATTER PHYS	NOING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	1/2 MA 2069
BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 5-30-87 23c. F	NAME OF CEMETERY OR CREA	MATORY 236 LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR STAT	E ANATOMY BD	* BALTO. MO	13JUN 60 2 1987 A 13 July	a Dendern Rondale



STATE OF MARYLAND

8 / <sub>REG. NO.</sub> 1	5	3	2
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15   7 MAY 25	1/- :	OR STATE REGISTRAR			DEP	ARTMENT OF	HEALTH AND I	MENTAL HYG	8 7	EG. NO	5 3	2 4
noy be page 3	I. DECE	ASED NAME	FIRST ADELT	NE I	MIDDLE	GRAY	LAST		20. DATE OF DEA		987	26 HOUR
ge 4 may ector, pa	3. SEX	Female		Whit	e		OF BIRTH	9 0 <sup>YEAR</sup>	6. AGE (IN YEARS L	AST BIRTHDAY]	MONTHS DAT	
Long the Control of t		HPLACE (STATE ORFOUNTRY) N.J.		U	.S.A.	MARR		VORCED		MARY S	Y OF DEATH	MC
1000	LE	ON ARDTOWN		ST. 1	LARY'S	HOSPITA		TITUTION	120 USUAL OCCI	MOST OF WORKING	LIFE) INDUSTR	OF BUSINESS OR
n 24 hps	130. ST/	Md.	13b. COUNT	TY	13c CITY OR		134 INSIDE C	NO [X		RESS / ZIP COI	DE Dr./	20659
1/80		Robert	E		Blume	3	Der		MIC	DDLE	Ha	id
cote be executed within 24 ysicion and completery filter opers. Pages 7 and 2 haufel vol.		S DECEASED EVER I NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		SECURITY NO.	BD, Cha		Robert	Gray,	same	as 13e.
NG PHYSICIAN: The law requires that the death contending physician.  With this certificate has been signed by the attending of the burial-transit permit. Then please remove carboth and Mental Hygiene prior to burial, cremation, or any orded or tem 18 shows any injury, or ather traumatic.	P	Conditions, if ony, gave rise to imm couse (0), stating underlying couse	ediate g the last	(b) DUE TO, C	OR AS A CONS	EQUENCE OF	T NOT RELATED	TO THE TERMI	A		IVEN IN PART	Troi
The low re- icron.  The bas been set has been set here. I see here prior to show any in	RTIFIC	a DATE OF OPERAT				HICH OPERATI	ON WAS PERFO		YES NO	IN CERT	ES, WERE FIND IFYING CAUSE YES [	NO [
HYSICIAN: The Hysician and a secretificate in Merical Hygician and them 18 shown or frem 18	CAL	In. ACCIDENT WAS UNDO DR CONTRIBUTING CC LIFEITHER NOTIFY MEDIC	AUSE OF DEAT	P	.m. Month <sup>2</sup> .m.	I DAY YEA			ED (ENTER NATURE C	BI MATE METAULME TO	PART 1 OR PART 2)	
DING PHY or offends After this ie os the bu oith and M marked ar		Id. IN JURY OCCURR WHILE NOT WHI T WORK AT WOR	UE 🗆		OF INJURY TREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATIO STREET	ON	CITY	YORTOWN	COUNTY	STATE
TEN TOR or us of He		saw the decease above, (I) (we) (d	this hospited and did (did not	all-attended t	de deceased for the dec	- /		(aur) apinion d	eath accurred an	the date and ha		
ITAL O by the RAL DI detock store De		76. SIGNATURE	ME TYPE OF		) M.D.		27e. ADDRES		MEDICAL DIRECTOR P	STAFF HYSICIAN	22c. DAT	10/87
TO HOSP retoined 1 TO FUNE should be with the S	23a BUI	RIAL CREMATION, R		23b. DATE	2-87		CEMETERY OR C	CREMATORY	23d LOCATION Clint		G. COUNTY	Md .
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUN	eral director Clarke M	latti	ngley	, Leôr			250. DATE	25 198	TRAR 256. REGIS		ATURE

CASTYBOT S'YMAR .Wa MACCARA 

## STATE OF MARYLAND

8	REG. NO.	5	,

1 -	STATE REGISTRAR			DEPARIM		ICATE OF DEATH	8 /REG.	10	5 0	25
	ASED NAME	FIRST	A	3.00IA	(i	AŠ1	20. DATE OF DEATH	MONTH OA	YEAR	26 HOUR
(TYPE OI	RPRINTU /	DAVID		T.	F	IARPER	May 2,	1987		3:00A <sub>M</sub>
3 SEX		4	RACE		5. DATE O		& AGE (IN YEARS LAST &	RTHDAY) IF	UNDER ! YEAR	IF UNDER 24 HRS
Ma.	le		White		Oct.		91	YRS.	ONTHS DATS	HOURS MIN.
	HPLACE (STATE OF	FOREIGN 76		WHAT COUNTRY?	0		9 BALTIMORE CITY		OF DEATH	
Vi	rginia	13. H.	USA		WIDOWE	NEVER MARRIED DIVORCED DI	St. Mary	's Cou	inty	MD.
IO CITY	or town of DEA	1	NAME OF L	HEACILITY, GIVE STREET A	HOME	ROTHER INSTITUTION	12a USUAL OCCUPA ITYPE OF WORK FOR MOST Manager		126. KIND CO	F BUSINESS OR
USUAL 130. STA Maj	RESIDENCE (IF NURS ATE ryland	ING HOME OR OT	HER INSTITUTION (	St. Leon	nard	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS General	/ ZIP CODE Deliver	y, 206	85
	HER'S NAME EIRST ANK Harpe:	r MIC	DOLE	LAST		15 MOTHER'S MAIDEN NAME FIRST Hoher	AE MIDDLE		LAS	, T
	S DECEASED EVER			166 SOCIAL SECUP	RITY NO.	17 INFORMANT	ADDI	RESS		
Ye:	, no or unknown)	1917/	1920	340-07-	3370	Effie Jo H	Harper, Sai	me as #	13 A-E	
	Conditions, if ony, gove rise to imm couse (0), statin underlying couse	nediate ig the last	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIVEN	N IN PART TO	a
É	Ma	lun	with	on,	Ker	ral faulus	4			
CERTIFICATION	DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH (	OPERATION -	WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
-	OR CONTRIBUTING C	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR		URY IN ITEM 18 PAR	T I OR PART 2)	
ME	WHILE NOT WHAT WORK	THE C	21e PLACE O	OF INJURY BEET, FACTORY, OFFICE, FA	RM ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	20.1 certify that a saw the decease obove (1) we) (0	ed olive on _	51	1 19 6		d that in (aur) opinion of	leath occurred on the	date and hour o	82.	that (we) lost causes stated
2	76 SIGNATURE			411		ATTENDING	MEDICAL STA	AFF	5/2	180
	do	-l	( .	1010			OINCCTOR   TITES	CIAIT L	4	
2	David A			190		Leonard	dtown, Ma	10,000	d 20	650
23e. BU	David A	11en,		23t N	AME OF C	22e ADDRESS		10,000	d 20	6 <b>5</b> 0
23e. BUI	David A	Allen,	M.D.  236 DATE  5-4-19	987 Me		Leonard	dtown, Ma	ryland	COUNTY	STATE
230. BUI (SPI	David A	Allen, REMOVAL n Dona	M.D.  236 DATE  5-4-19  1d V. B	87 Me	etrop	Leonard  METERY OR CREMATORY  Colitan  750. Date	dtown, Ma	ryland	COUNTY	STATE

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within 24 hours offer

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requires that the death certificate

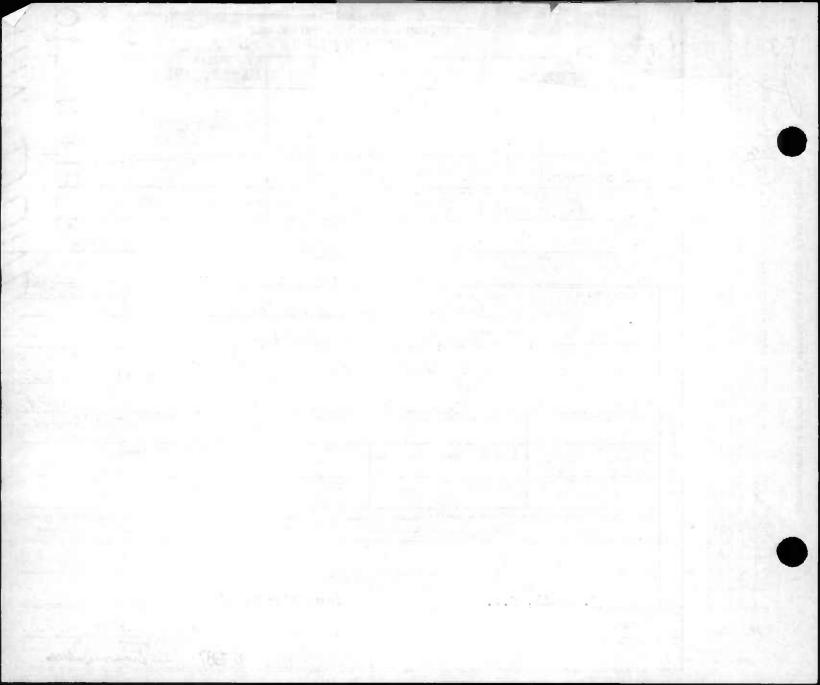
TO HOSPITAL OR ATTENDING PHYSICIAN: The

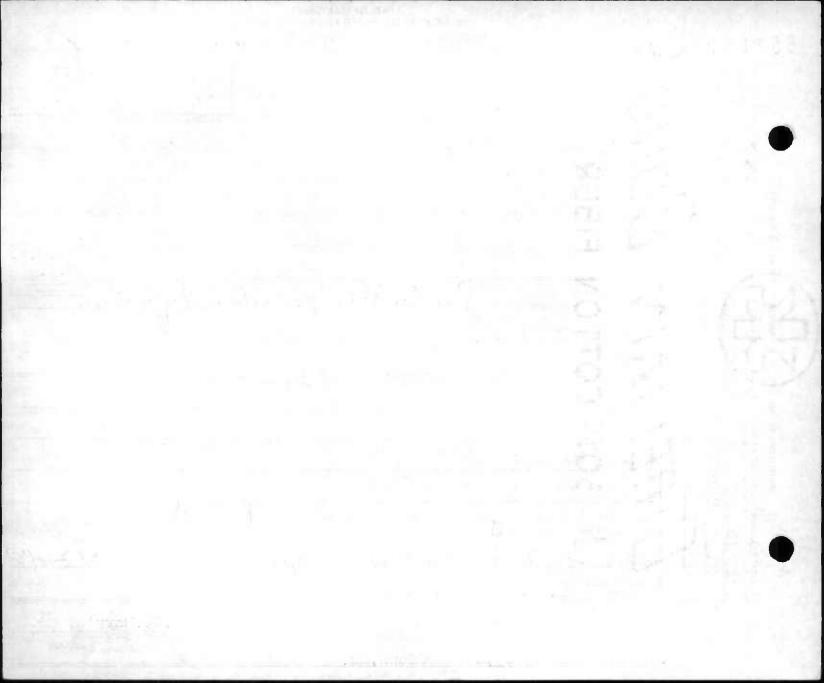
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attending physicion.

FOR STATE		DEPART	TMENT OF H	EALTH AND MENTA	1 HYCKNE			
W BECKETOLD		DEI MICE				1 1	E 14	10
REGISTRAR			CERTIF	CATE OF DEATH	5	REG. NO	2	44
I DECEASED NAME		MIDDIE		NST		OF DEATH MONTH	DAY YEA	
<u> </u>	EDWARD F	ROSS I	HENDE	RSON	May	5, 1987		2:2
3. SEX	4. RACE		5. DATE O			IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	
Male	Whit	e	May	17,1900 YEA		86 YR		NOURS HOURS
70. BIRTHPLACE (STATE OR FOR	IGN 76 CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIE	9 BALTIA	AORE CITY OR COU	NTY OF DEATH	1
Md.		.A.	WIDOWE	D DIVORCE	D CX	St. Mar	y's Co	ounty
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSI	ING HOME O	ROTHER INSTITUTIO		AL OCCUPATION		ID OF BUSINES
Leonardto	1 .			espital	Civi			
USUAL RESIDENCE IN MURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIM	ITS? 13e.STREE	T ADDRESS / ZIP C	ODE	
	t.Mary's	Pines	y Poi	TES NO [	Gen	eral Del		20674
14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDI	EN NAME	MIDDIE		LAST
Edward		Henders		Lula			UNKN	OWN
160 WAS DECEASED EVER IN	U.S. ARMED FORCES?  IF YES, GIVE WAR OR DATES!	166 SOCIAL SEC		17 INFORMANT	Star	Rt Box	65B1	
No		218-16-	-3001	Mary Lu	umpkins	Leonard	town M	Id./206
	Enter only one couse per	line for 10), (b), o	ng)(c.1	0 5	,		BETW	ROXIMATE INTERVA
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	Cavo	ho,	Kels. Ye	atory	tai	huro	)
			151 105 05		1	`		~
Conditions, if ony, w		R AS A CONSEQU	UENCE OF	. 09	Line	19-1	0	
gave rise to immed	liote	TE YE	NOW	1	VI CIC		700	2
cause (a), stating underlying cause	the DUE TO, O	BAS A CONSEQU	UENCE OF	01-00		RI	2.01	600
PART 2 OTHER SIGNIE	(6)	ONTRIBUTING TO	DEATH	-(000)	rany	13 / 1		-cur g
	Olective	1 h. ot	SI	O- A -	E TERMITARE DISE	CA	- el	2010
190 DATE OF OPERATIO	N TI96. COND	ITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AL	TOPSY? TOP	YES WERE FIN	NOTIFICS LISED
A PIE					YES	IN CE	RTIFYING CAU	SES OF DEATH
210, ACCIDENT WAS UNDERL	YING TO 216, TIME C	F INJURY		21c HOW INJURY O		NATURE OF INJURY IN ITEM	120	
On CONTRACTOR TO CALL	SE OF DEATH HOUR A.	M. MONTH	DAY YEAR		(())			
(IF EITHER, NOTIFY MEDICAL  21d INJURY OCCURRED		M. OF INJURY	19	711 LOCATION				
WHITE NOT WHITE	LAT HOME ST	REET, FACTORY, OFFICE,	, FARM, ETC )	STREET		CITY OR TOWN	COUNTY	5TA
AT WORK								
220.1 certify that (1) (the saw the deceased		e deceased from		d that in (my) (our) o				, that (1) (we
obove, (I) (we) (did	(did not) view the body	ofter death.			pinion degin occu	rrea on the gate and		
226. SIGNATURE	Dal			DEGREE	NG MEDIC	AT AFF	22c D	ATE SIGNED
	( Call	/		ATTEND PHYSIC	ING MEDICA	STAFF OR PHYSICIAN		
22d. PHYSICIAN'S NAM	E (TYPE OR RRHUT			22e. ADDRESS		CONTRACTOR		
A. 1	Patil M.D.			Leonar	edtown. N	1d		
230 BURIAL CREMATION, RE	MOVAL 236 DATE		NAME OF C	METERY OR CREMA		CATION		
ISPEC Burial	5-7-8	7 St	Ged	rge Isla	and St	1 George	St .Mar	y's, i
24 FUNERAL DIRECTOR		41216	1000		DATE REC'D. B	Y REGISTRAR 256. REG	SISTRAR'S SIGI	NATURE
84 NAME		ADDRESS						Rudass





## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

8	REG. P	10.	5	3	L	Q
DATE	OF DEATH	MONTH	DAY	YEAR	7h. HC	LIR

MALE  CAUC.  MAY 17AB  MAY			REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	1 2 3	Sing Co
Section   Sect	25	IT DE	L mainainure									26 HOUR
The BIRTHPLACE (STATE OR FORCED TO COUNTRY)  MIFFELD PA	ifter dea	3 SE		4		c.	MONTH	DAY YEAR	6 AGE (IN YEA	RS LAST BIRTHDAY)	# UNDER 1 YEA	
Mechanicsville  Wechanicsville  Westard  Wechanicsville  Westard  West	75	M	OUNTRY)  (ifflin.	Pa.	U.S.	Α.	MARRIEI WIDOWE	XNEVER MARRIED	1 BALTIMOI	Mary	INTY OF DEATH	
THE DATE OF OPERATION    13 STATE   136 COUNTY   136 COUN	00	1000						R OTHER INSTITUTION			ing (FE) INDUSTR	of Business or rming
JOHN MODIE  HOSTSTELLER  LEGAN  JOHN JOHN ADDRESS JOHN HOSTELLER  LEGAN  ADDRESS JOHN HOSTELLER  Same as 13e  WESTELLER  LEGAN  ADDRESS JOHN HOSTELLER  Same as 13e  WESTELLER  LEGAN  ADDRESS JOHN HOSTELLER  Same as 13e  MELINER CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  CONGRESTIVE  MEDIATE CAUSE (o)  CONGRESTIVE  LEGAN  FAIL URK  SUPPLIED  OUT OF OR AS A CONSEQUENCE OF  CONGRESTIVE  LEGAN  ADDRESS JOHN HOSTELLER  Same as 13e  MELINE  SUPPLIED  OUT OF OR AS A CONSEQUENCE OF  CONGRESTIVE  LEGAN  ADDRESS JOHN HOSTELLER  Same as 13e  MELINE  SUPPLIED  OUT OF OR AS A CONSEQUENCE OF  CONGRESTIVE  LEGAN  ADDRESS JOHN HOSTELLER  Same as 13e  MELINE  SUPPLIED  OUT OF OR AS A CONSEQUENCE OF  CONGRESTIVE  LEGAN  ADDRESS JOHN HOSTELLER  SAME AS 13e  MELINE  SUPPLIED  OUT OF OR AS A CONSEQUENCE OF  INDEAD TO OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  INDEAD TO OR AS A	135	13 M	id.	136 COUNTY		13c. CITY OR TOWN	4	TIESON DODY	Box		airhave	0653
Same as 13e	187	14. FA		MID	DLE	Hostetl	er		ME	MIDDLE	Zo	ők
PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  CON GR STIVE HEART FAILURE  3 WEEKS  4 DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  PART 2 OTHER SIGNIFICANT CONDITIONS  PART 2 OTHER SIGNIFICANT CONDITIONS  198 DATE OF THE TERMINAL DISEASE OR CONDITIONS  198 DATE OF	Pages 1	16e V	VAS DECEASED EVEL YES, NO OR JUNKNOWN)			146 SOCIAL SECUI	RITY NO		etler		as 13e	3
THE DATE OF OPERATION   19th CONDITION FOR WHICH OPERATION WAS PERFORMED   20th AUTOPSY?   70th IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO	ed by the attending bring asserted by the attending of the attending of removing ty, or other traumatic events.		Conditions, if on gove rise to im couse (0), state underlying cous	WAS CAUSED & IMMEDIATE ( y, which nomediate ing the se lost	DUE TO, OI	CONGEST RAS A CONSEQUE MYOCHE RAS A CONSEQUE	NCE OF	INFARCTO	<i>ا</i>		6	MEKKS
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHY MEDICAL EXAMINER)  21 INJURY OCCURRED  22 IN PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22 IN PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22 IN PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22 IN PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  23 IN PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  23 IN PLACE OF INJURY  (IT YOR TOWN  COUNTY  STREET  (IT YOR T	0 3 3			SINIFICAINI COI	NDIIIONS CC	NIKIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISCASE	ORCONDITION	N GIVEN HY PARI	
ATWORK ATWORK ATWORK  ATWORK ATWORK  ATWORK ATWORK  ATWORK ATWORK  ATWORK ATWORK  ATWORK ATWORK  ATWORK ATWORK  ATWORK ATWORK  ATWORK ATWORK  ATWORK	permit Then plane prior to bu	TIFICATION		ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CI	ERTIFYING CAUS	ES OF DEATH?
	7		19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING UNIT OF CONTRIBUTING UNIT OF THE 21d INJURY OCCUP	NDERLYING CAUSE OF DEATH ICAL EXAMINER)	21b TIME O HOUR A	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	YES 🗌	NO PHILIPPE IN ITEM	ERTIFYING CAUSI YES m 18, PART 1 OR PART 2	NO [
00 4 / 224 PHYSICIAN'S NAME (TYPE OR PRINT) 228 ADDRESS	2 E E		21g. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTHY MEDI 21d INJURY OCCUP WHILE NOT WAT WAT WORK AT WORK AT WORK CONTRIBUTION OF WAT WORK CONTRIBUTION OF WAT WORK CONTRIBUTION OF WAT WORK CONTRIBUTION OF WASHINGTON OF WASH	NOERLYING     CAUSE OF DEATH ICAL EXAMINER)   RRED   WHILE     OOR     I) (this hospital   sed alive on (did) (did not) w	21b TIME O HOUR A. P. 21a PLACE (AT HOME, STR ) attended the year the bady	FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, FA	Y YEAR 19	21c. HOW INJURY OCCUR 21l LOCATION STREET  d that in (my) (our) opinion DEGREE  ATTENDING	YESRED (ENTER NAT	UNE OF INJURY IN ITER	ERTIFYING CAUSI YES   M 18. PART I OR PART 2:  COUNTY  d hour and from 11	STATE  , that (I) (we) lo

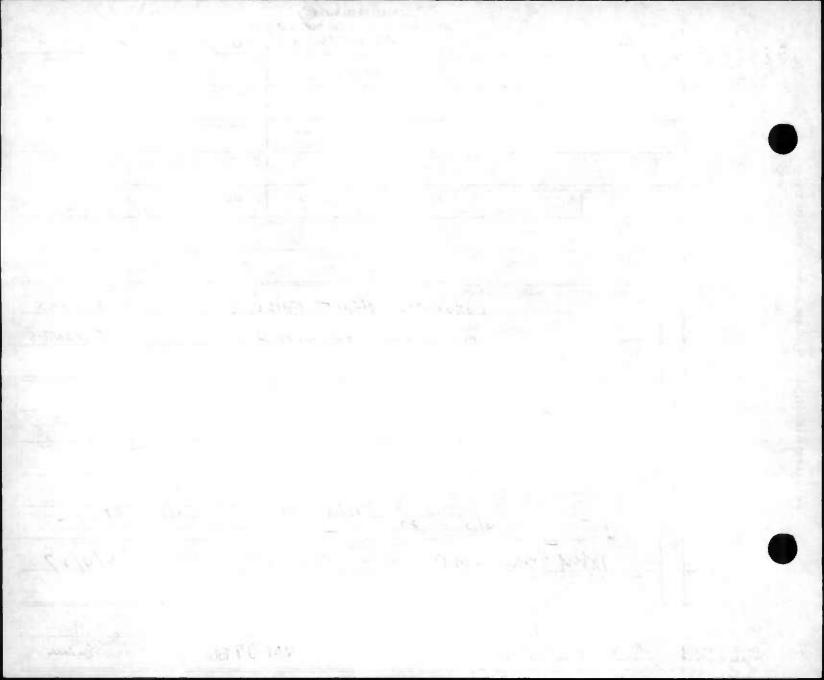
DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

FOR

W. Clarke Mattingley, Leonardtown, Md.

MAY 07 1987 Julia Deviden Randare



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

S / RE	G. NO.	2	2	6m	7
		7	YEAR		
6. AGE (IN YEARS L	AST BIRTHDAY)				ER 24 HR
	May 30	I de DATE OF DEFINITION	May 30, 1987  6. AGE (IN YEARS LAST BIRTHDAY)  10. DATE OF DEATH MONTH DAY  15. DAY  15. DAY  16. AGE (IN YEARS LAST BIRTHDAY)	20. DATE OF DEATH MONTH DAY YEAR MAY 30, 1987	20. Date of Death Month Day YEAR 26 HO 9:3

MD.

126 KIND OF BUSINESS OR

as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REGISTRAR				CERTIF	ICATE OF DEATH		REG	. NO.			72
DECEASED NAME  YPE OR PRINT)	VER	A MAR	Y KA	APPLE	IR		May 30	H MONTH			9:30
SEX	- 24	4 RACE		5. DATE O			GE (IN YEARS LAS	T BIRTHDAY)	IF UNDER		IF UNDER
Female		White	100	Feb.	4,1919 YEAR	'	68	YRS		DATS	HOURS
BIRTHPLACE (STATE OR COUNTRY) ashington		76. CITIZEN OF WHA		MARRIE	NEVER MARRIED		St,	Y <u>or</u> coun Mary			ty
Leonardto	own	TI. NAME OF HOSP	ITAL, NURSIN ITY, GINE STREET I	វិលីទី២រ	TEAL	{TY	USUAL OCCUP PE OF WORK FOR MO OUSEWI	OST OF WORKING	LIFE) INDU	IND OF I STRY Hom	
STATE  Md	136 COU	NTY 13c. (	ESIDENCE BEFORE CITY OR TOW	N	13d. INSIDE CITY LIMIT		street ADDRE			/20	626
FATHER'S NAME FIRST	NKNO	MIDDLE	LAST		15 MOTHER'S MAIDER		MIDDI		Rens	LAST	
WAS DECEASED EVER (YES, NO OR UNKNOWN)  NO  18 CAUSE OF DEA' PART I. DEATH V	(IF YES, GR	2 1  Ally one couse per line f D BY: TE CAUSE (o)	Mita.	4679 Tas	William  Re Ca			2 Lu	A	13	ATE INTER
Conditions, if any gove rise to im couse (a), stati underlying cous	mediote ng the	DUE TO, OR AS .  (b)  DUE TO, OR AS .							V		
PART 2 OTHER SIG	NIFICANT	CONDITIONS <u>CONTR</u>	IBUTING TO D	DEATH BUT	NOT RELATED TO THE						
190 DATE OF OPERA	MOITA	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CER	YES, WERE F TIFYING CA YES [		
210. ACCIDENT WAS UN	-	216. TIME OF INJ HOUR A.M.		AY YEAR	21c HOW INJURY OF	CCURRED	(ENTER NATURE OF	INJURY IN ITEM	18 PART I ORPA	ART 2)	

WERE FINDINGS USED ING CAUSES OF DEATH? NO T ART I OR PART 21

(IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 214 INJURY OCCURRED 211 LOCATION COUNTY

CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a. I certify that (I) (this hospital) attended the deceased from sow the deceased olive on abave, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE/SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Hollywood, Md, 20636

Youngsik Moon, M.D. 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Fort Lincoln

DHMH - 16 60M 7/84 . (VRA 15, 4)

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the buriol-tronsit peond Mentol Hygiene

should be detoched for use os with the Stote Dept. of Health

FUNERAL DIRECTOR

morked or Item

IMPORTANT: If Hem 21 is

FOR

- STATE

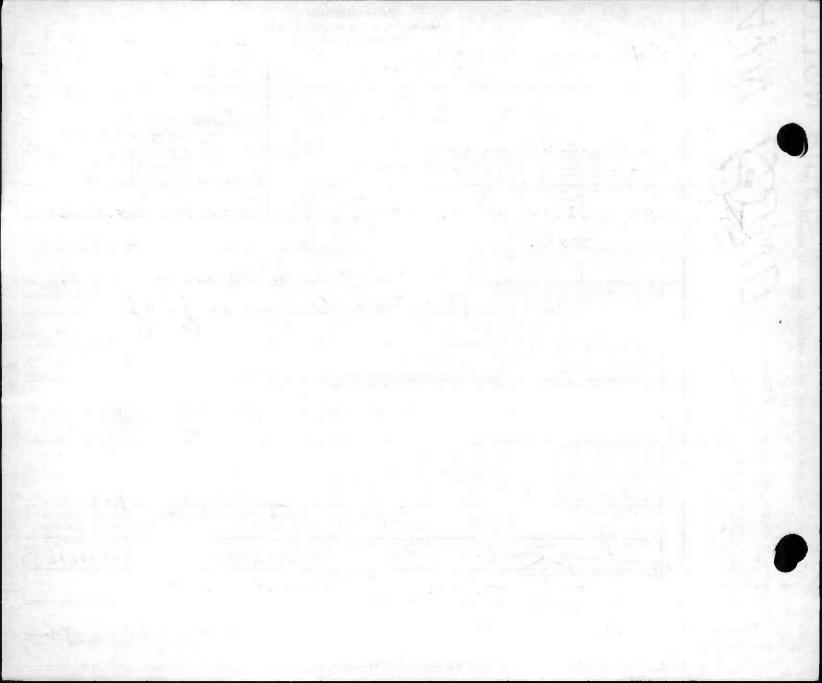
24. FUNERAL DIRECTOR Clarke Mattingley, Leonardtown, MD

MD

STATE

STATE

250. DATE REC'D, BY REGISTRANZS REGISTRANTS SIGNATURE



		REGISTRAR			CERTII	ICATE OF DEATH	0	REG. NO.	7		0
0 / MM -6 1		EASED NAME FIRS	T	MIDDLE		AST	20. DATE OF	DEATH MONTH	DAY	YEAR	2b. HOUR
deo de	,		RGARITA	CECELIA	KNI	ក្រាវាធាវ	May	1. 1987			1:40A
od ,	3. SEX		4 RACE		5. DATE		6. AGE (INY	EARS LAST BIRTHDAY)		RIYEAR	IF UNDER 24 HRS
		Female	Whi	te	Apri.	1 27,1909	78	YRS	MONTHS	DAYS	HOURS MIN.
140		THPLACE (STATE OR FOREIGH	N 76. CITIZEN	OF WHAT COUNTRY?	8 MAADDIE	D NEVER MARRIED	9. BALTIMO	RECITY OR COUN	TY OF DE	ATH	
70/		shington, D	.c.	USA	WIDOW			St. Mary	s. Co	ount	v M
		Y OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION CEOR MOST OF WORKING	12b	KIND OF	BUSINESS O
10	Le	onardtown		ary's Host				sewife	(IFE) INC	Hom	e
	USUA 13a. S	1 RESIDENCE (IF NURSING HO			E ADMISSION)	1 13d. INSIDE CITY LIMITS?		ADDRESS / ZIP CO	DE		
020			.Mary's			YES NO X		Voodlawn		ve /	20619
1004	4. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA			-	- 107	20012
		Felipe	WIDDLE	Guasp		Katheri	ne	MIDDLE	Sul	Lliv	an
訓題		AS DECEASED EVER IN U.		? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS			
理 程/	{YI	(IF Y	ES, GIVE WAR OR DATES	216-42-	8016	Bettie Hu	ahes.	330 York	town	ark	. Md.
		18 CAUSE OF DEATH (Ent	ter anly ane cause								MATE INTERVAL
movent,		PART I. DE ATH WAS C.	AUSED BY: EDIATE CAUSE (o).	Acid	e	Reloiva	tory	ton	hon	e	NOCT AND DEATH
or re	В	11411411		OR AS A CONSEQU	ENCE OF		. /	5			
ion,		Canditians, if any, which		Clos (2)	n i c	Obstru	etoul	tulm	0	. 0 .	
the c emal		gave rise to immediate couse (a), stating the		OR AS A CONSEOU	ENCE OF		40		010	T	
oy sase ol, cr r oth		underlying cause las	st. (c).				Di	CROIN	2		
burne ny. o	. 1	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO	DEATH BOT	NOT RELATED TO THE TERM	AINAL DISEAS	OR CONDITION C	IVEN IN I	PART 11a	
The The	NO		14	nal 7	la	1 Plen	rest	eft	ul.	car	
a on o	CAT	190 DATE OF OPERATION	19b COI	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO				GS USED OF DEATH?
le ne	CERTIFIC						YES 🗌	NO	YES 🗍		NO 🗌
Hyg Hyg		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		E OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM !	8 PARTIOR	PART 2)	
tem le mal	SAL	(IF EITHER NOTIFY MEDICAL EXA	OF DEATH	P.M.	19						
d Me	MEDICAL	214 INJURY OCCURRED		CE OF INJURY	FARM FIC 1	211 LOCATION STREET		CITY OF TOWN	CO	UNIY	STATE
h on	2	AT WORK AT WORK	]		man, crc j			100			
leolt s mo		22a I certify that (I) (this	hospital) ottended	the deceased from_		, 19	, ta		. 19		hat (I) (we) la
0 5 -		saw the deceased oli	ve on	19	, a	nd that in (my) (our) opinion	death occurre	d on the date and h	aur and f	ram the c	auses stated

FOR

- STATE

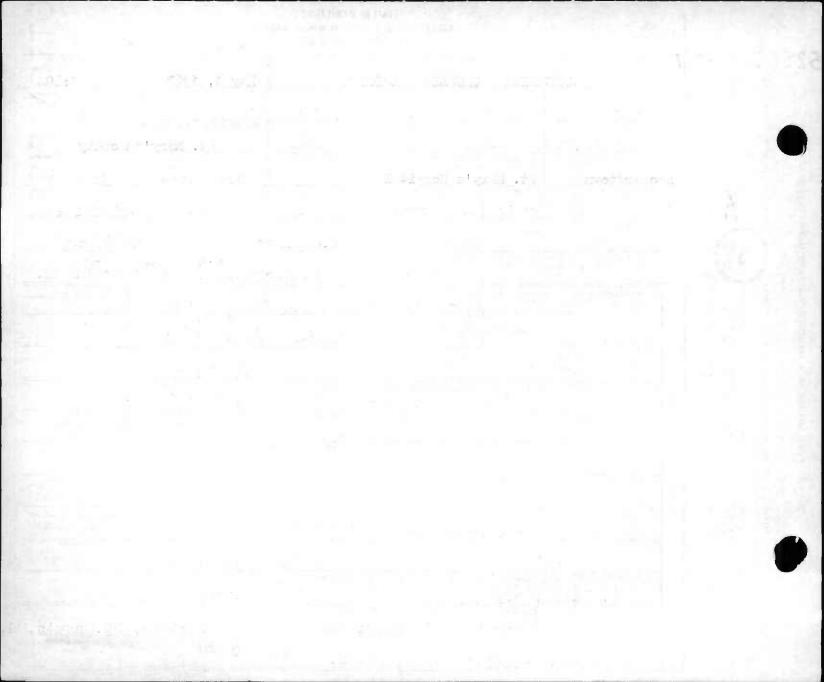
IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [ NO T TEM 18 PART | OR PART 2) COUNTY STATE \_\_\_. that (I) (we) last nd haur and fram the causes stated TO FUNERAL DIRECTO should be detached for with the State Dept. of with the State Dept. of abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAW THE COMMENT 22e ADDRESS Patil Leonardtown 20650 m, d 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial 5-4-87 Ebenezer Cemetery Great Mills, St. Mary's, Md. 250 DATE 24 FUNERAL DIRECTOR Clarke Mattingley, Leonardtown, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



STATE O	FMAI	RYLAN	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REG. I	10.	13	3	3	
OF	DEATH	MONTH	DAY	YEAR	25. 5	10

0	REGISTRAR				CERTIF	ICATE OF DEATH	8 / RE	G. NO.	5 0	5 1
	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEA		DAY YEAR	2b. HOUR
(1300		RGARE	r ELE	EANOR	LET	ICH	MAY 18,	1987		7:15 P <sub>M</sub>
3. SE	Х		4 RACE		S. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
]	FEMALE		CAUCASI	AN		. 3, 1903	83	YRS	MONTHS DAYS	HOURS
	IRTHPLACE ISTATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	ORTH DAKOTA	A	U.S.	Α.	WIDOWE		ST. M	ARY'S		MD.
0. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NUR		ROTHER INSTITUTION	120. USUAL OCCL			F BUSINESS OR
E	XINGTON PA	RK		WN CREE		Ε	SCHOOL T			SCHOOLS
13a	AL RESIDENCE (IF NURS STATE ARYLAND	136 COUN		13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDR 463 TOW		DRIVE	20653
	ATHER'S NAME	51. 1	TAKI 5	LEVING	ION TAIC	15. MOTHER'S MAIDEN NA		N CKEE	DICTAL	20055
)	MICHAEL	-	MIDDLE	NEVILLE		LILLIAN	MIDI	DIE	CHAPMA	
6a \	WAS DECEASED EVER	IN U.S. AR		166 SOCIAL SE	CURITY NO.	17. INFORMANT	A	DDRESS	Ollarini	
(	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	470-40-	-4860	MARGARET JEA	N KLINE	463 TOV LEXING		
NO	Conditions, if any, gove rise to improve (a), stating underlying cause  PART 2. OTHER SIGN	nediate ng the last.	(b)	R AS A CONSEC	QUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION G	IVEN IN PART 110	2)
CERTIFICATION	190. DATE OF OPERA	TION	196 COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN	OF DEATH?
MEDICAL CERT	210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCUR.	CAUSE OF DEA	HOUR A. P. 21e. PLACE	M. MONTH M. OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18	), PART 1 OR PART 2)	
Z	WHILE NOT W	HILE	(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC.)	SINCEI	F-1	OR TOWN	COUNTY	STATE
	220 1 certify that (1) saw the decease abave, (1) (we) {	ed alive an	7-43			id that in (my) (our) opinion	death occurred on t	he date and he		that (I) (we) lost causes stated
	226. SIGNATURE	7	Sm	fren	7	DEGREE ATTENDING PHYSICIAN (	MEDICAL DIRECTOR PH	STAFF TYSICIAN [	5/1	9/97.
	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			??e ADDRESS			2	0650
	WILLIAM		YD, 11			JEFFERSON ST				
	BURIAL, CREMATION,	REMOVAL	23b. DATE	2	3r. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	4	COUNTY	STATE
	CREMATIO	N	5-19-8	37   1	HUNTT C	REMATORY	WALDORE	CH/	ARLES M	ARYLAND

DHMH-16 60M 1/73 (VR A 15 (4))

24 FUNERAL DIRECTOR EDWARD N. BRINSFIELD, JR.

FOR

neral director, page 3 in 72 havis after death

injury, ar ather traumatic event, the medigal

IMPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carban papers. Page with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

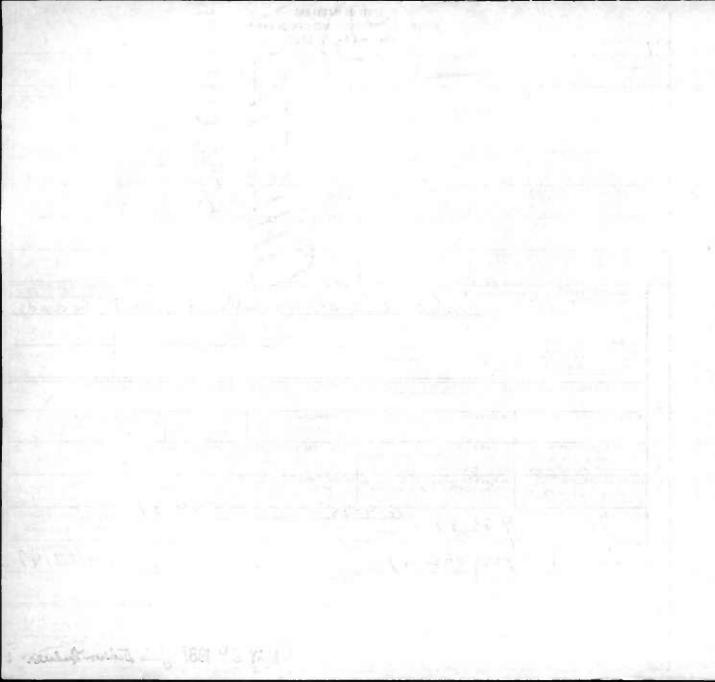
executed within 24 hours after death. Page

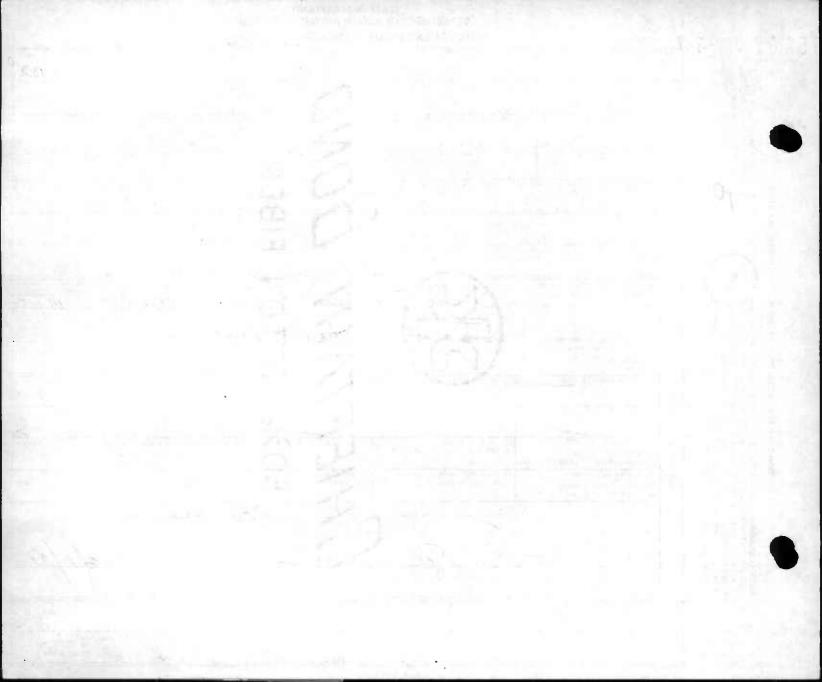
LEONARDTOWN, MARYLAND MAY

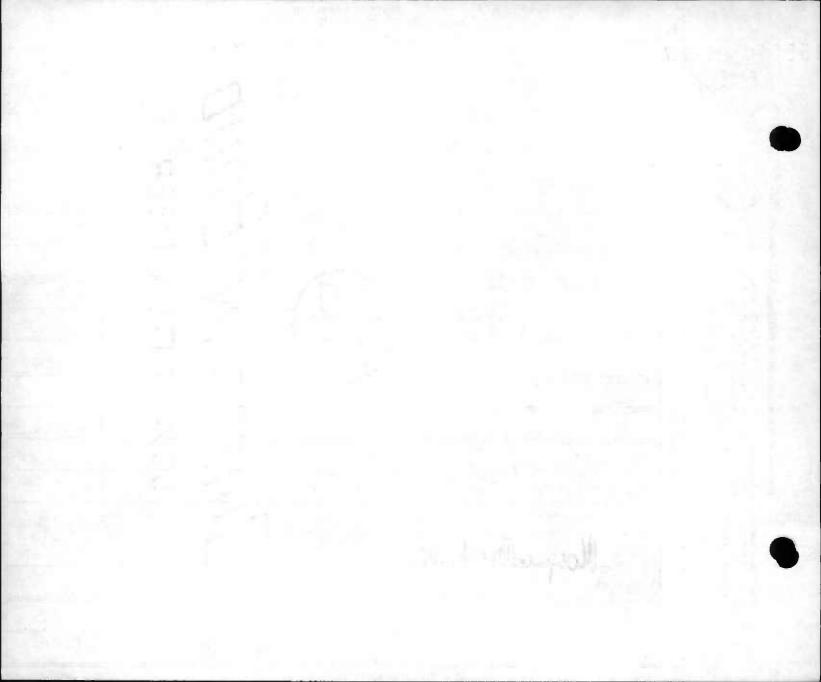
CHARLES

WALDORF

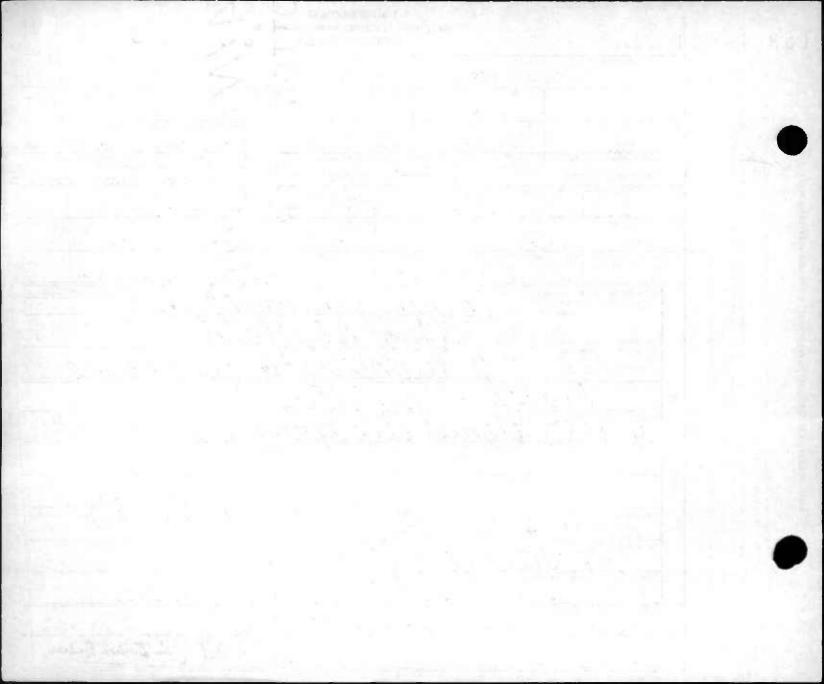
DMAY 2 1987 Julia Dender Rules







				STATE OF MARYLAND		
53018 HAY	FOR STATE REGISTR	AR	DEPAI	CERTIFICATE OF DEATH	GIENE 7 REG. NO.	5 3 3 4
m 5	1 DECEASED N		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e 4 may be ttor, page 3 after death		ALOYS		MATTINGLY	May 5, 198	
4 ma	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS BAYS HOURS MIN.
oge recto	/ Mal		White	March 31,1913	74 YRS	
ith. Page 4 in rol director. 72 hours afti	7a. BIRTHPLACE COUNTRY)	STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	
8 5 5	M 10 CITY OR TO		U.S.A.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION		's County MD.
1			(IF NOT IN SUCH FACILITY, GIVE STR. St. M.	EET ADDRESS)	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	
ours o	100	ardtown	ST. MA		Contractor	Construction
filled in Ould In	. 13a. STATE	13b COUN	TY I3c. CITY OR TO	OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
	M 14. FATHER'S N		Mary's   Valle	EY Lee YES NO X		/20692
bletely nd 2 sy	FIR	51	MIDDLE	FWST	FIDDLE	LAST
E e e	Rober	T AL.	len Mattir		Estelle	Bailey
Pogre	(YES, NO OR UI	NKNOWN) (IF YES, GIV	E WAR OR DATES)	SAME OF STREET	the second second	1.0
a be	Yes			5-3366 Anna R. Ma	artingly, same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF WITH RECORDS TO W. PRESTON ST., BALLING ON OF THE CONTROL OF THE CONT	Condition of the consecution of	ns, if ony, which se to immediate (o), storing the ng couse lost.  OF OPERATION  WHEE SCOTE AND  BUTING CAUSE OF DEA  NOTHY MEDICAL EXAMINES RY OCCURRED  NOTWHILE AT WORK  AT	THE TIME OF INJURY HOUR AM MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE tol) pottended the deceased from	CH OPENNION WAS PENIORMED  DAY YEAR  19  TH. LOCATION  (FARM, ETC.)	20b IF Y IN CER	GIVEN IN PART 110-  TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
2 de 5 de 1			it yew the body ofter death.	1111111	deoth occurred on the date and h	
TAL OR A by the house ERAL DIREC Starte Dept.	22b. SIGN	ATURI	allo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
D HOSPITAL figured by the control of FUNERAL what the State dEOSTAMT.	110. Phi		Samadi, M.D		ndtorm Md 00	2650
0 1 0 1 M	23m BURIAL CR	A.		LEONA:	rdtown, Md, 20	0000
BP	(SPECIFY)		5-8-87	t.George Cathol:		COUNTY STATE
	24 FUNERAL DI	rial RECTOR	13-0-01	Lemetery 250 DA	TE REC'D BY REGISTRAR 20 REGI	St Mary's Md
DHMH - 16 60M 7/84 (VRA 15, 4)	NAME		ADDRES	ardtown Md. 2005	TE REC'D BY REGISTRAR 216. REGI	Dandon-Kondale
(*10, 13, 7)	W. C	arke Mat	tingley,Leon	ardtown, Md. 4005	Y -	

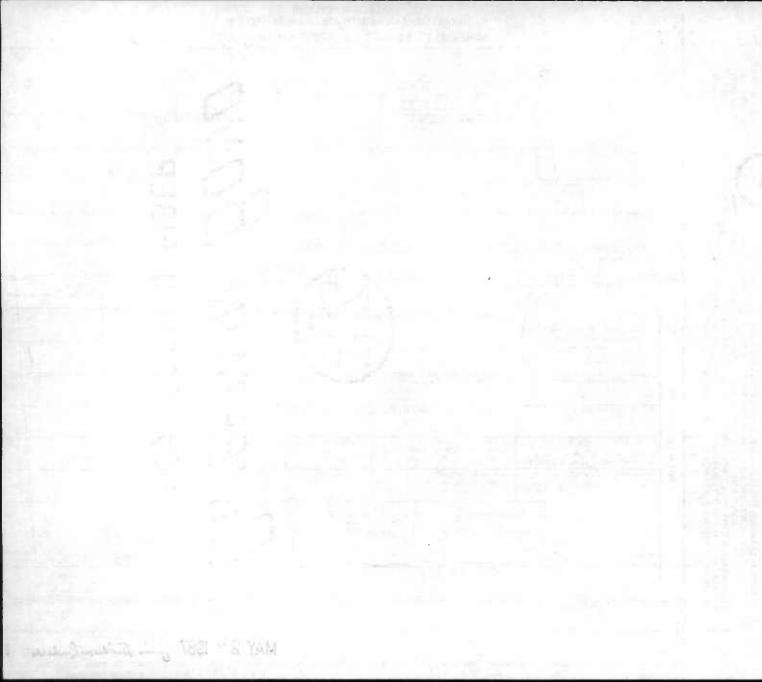


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-DEATH MATED McCroskey 5 Gomer Lewis 19 87 4 RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE OF BIRTH 2d HOUR 2c. DATE LAST BIRTHDAYL PRONOUNCED 6:15A JUNE 22,1913 MALE 73 DEAD CAUCASIAN 1987 M BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) PENNSYLVANIA WIDOWED [ DIVORCED St. Mary's County, U.S.A. ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Leonardtown St. Mary's Hospital ENGINEER CIVIL SERVICE BUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 30 STATE 13c CITY OR TOWN MARYLAND ST. MARY'S CALIFORNIA NO X RT # 2, BOX 309 20619 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST SAMUEL. MECROSKEY EVA COOK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS RT.# 2, BOX 309 KATHRYN E, McCROSKEY CALIFORNIA, MD. (YES, NO, OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES) YES WW 11 177-01-2974 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF WEDICAL EXAMINER ALON TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PREPERED BATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGER BATTMORE, MARKLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL MAMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 710 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING BOR CONTRIBUTING CAUSE OF DEATH 5 XXXX 2119 87 Driver in auto/tractor trailer impact 21f LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) WHILE D NOT WHILE AT WORK 235 nr. Rt.6, Oakville, St. Mary's, MD. street 220 I certify that I took charge of the remains described above, held on \_\_\_\_\_ Autopsy Inspection Accident X Suicide Homicide \_\_\_\_ Undetermined monner death resulted from: Notural causes TITLE (SPECIFY) ACTUAL 5/21/87 ACSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CREMATION 5-22-87 HUNTT CREMATORY WALDORF CHARLES MARYLAND 07/84 24 FUNERAL DIRECTOR

DHMH - 17 (VR A15 ME (5))

EDWARD N. BRINSFIELD, JR. LEONARDTOWN, MD.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 2 1987 Julia Deviden



BP **DHMH - 17** (VR A15 ME (5))

07/84

24 FUNERAL DIRECTOR

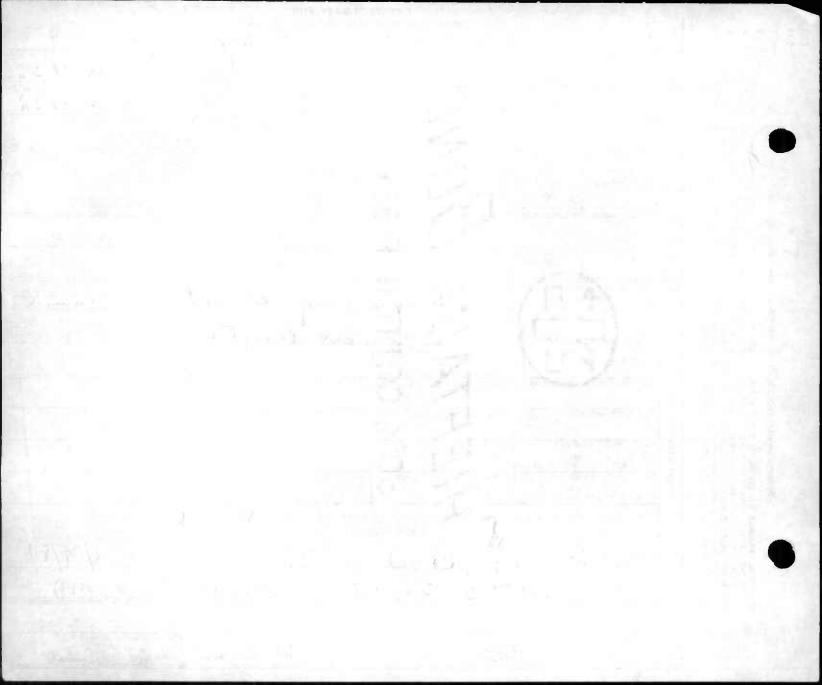
230 BURIAL, CREMATION, REMOVAL 236. DATE Burial

73¢ NAME OF CEMETERY OR CREMATORY

5/23/87 First Baptist

Cemetery Hermansville

Clarke Mattingley MarMAY 205 Leonardtown,



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	CATE OF DEATH	8 / REG. N	19 3	0 0	
I. DECEASED NAME FIRST	MIDDLE	U	457	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) NANNI	E LILLIAN	MOO	RE	1	MAY 24	, 1987	5:10 a
3. SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIT		IF UNDER I YEAR	
FEMALE	CAUCASTAN	MAR	CH 11, 1911	76	YRS	MONTHS DAYS	HOURS MIN
70 BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		- 9 BALTIMORE CITY		OF DEATH	
VIRGINIA	U.S.A.	WIDOWE	DIVORCED		RY'S		M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME O		120 USUAL OCCUPAT			F BUSINESS OF
LEXINGTON PARK	AMBER HOUSE NU		HOME	HOMEMAKEI		(E) INDUSTRE	
USUAL RESIDENCE (# NURSING HOME C	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		S? II3e STREET ADDRESS			
	MARY'S LEONARDT		13d. INSIDE CITY LIMIT	RT. #244		452	20650
14 FATHER'S NAME			15 MOTHER'S MAIDEN				
WILLIAM	IRVING		LILLIA	AN MIDDLE		STOK	
160 WAS DECEASED EVER IN U.S. A		JRITY NO.	17 INFORMANT	ADDI	₹ESS		
IYES, NO OR UNKNOWN) (1F YES, GI	230-01-8	3213	CHARLES LI	INTON, CHESTE	RFIELD	, VIRGI	INIA
PART I, DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)		vando	Ceres	Rui	1	
	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR COM	IDITION GIV	VEN IN PART I	0,
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
OR CONTRIBUTION CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF IN)	URY IN ITEM 18, I	PART 1 OR PART 2)	
OR CONTRIBUTING COURTED  11d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	city or to	/ 0 1	COUNTY	STATE
saw the deceased alive a above, (11 we) (did) (did n	oital) attended the december am- n			nian death occurred on the	date and hou	ur and from the	
77h STORATURE	An (		ATTENDIN PHYSICIA		AFF ICIAN []	5/3	14/8

DHMH-16 60M 1/73

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, or

IMPORTANT: If he

(VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

WILLIAM D. BOYD, II, M.D.

234 NAME OF CEMETERY OR CREMATORY

23d. LOCATION PETERSBURG, NONE,

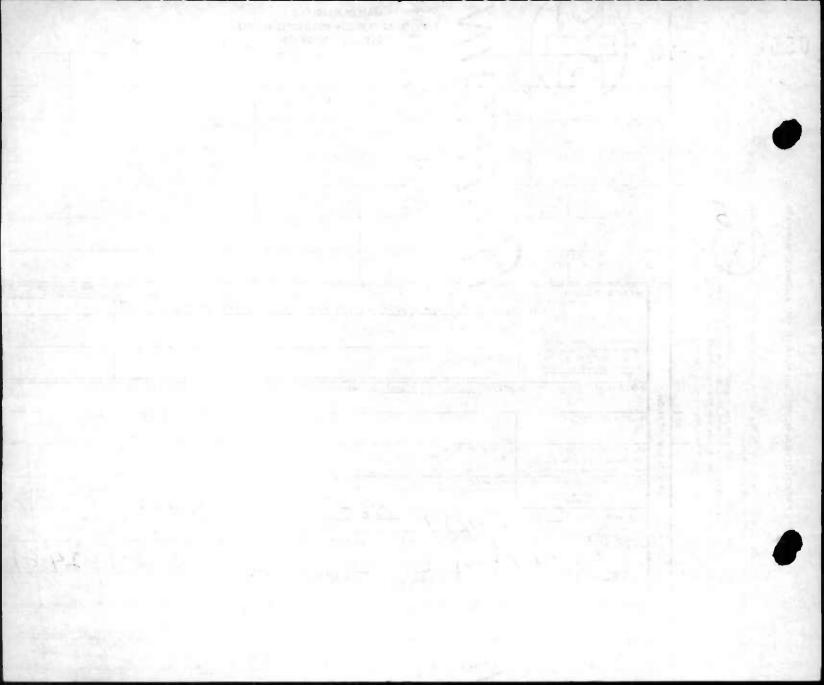
17 JEFFERSON ST., LEONARDTOWN, MD. 20650

VIRGINIA

BLANDFORD 24 FUNERAL DIRECTOR

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

256 REGISTRAR'S SIGNATURE



death certificate be executed within 24 haurs after

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12		
8	1	
-	REG. NO.	

		REGISTRAR				CERTII	FICATE OF DEATH	8	3 de NI		5 3	3	8
0.11	1. DE	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE	OF DEATH	MONTH [	DAY YEAR	2b HOU	IR
	(TYPE	OR PRINT)	GLAI	nvs	GENEVA	D'	ENROD	Mar	y 25, 1	1987		2.1	P
	3. SE	X		RACE	GERTETTE		OF BIRTH		IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER	24 HR5
		Female		White			.26 AY 1906 AR	8	0	YRS.	MONTHS BATS	HOURS	MIN
		RTHPLACE (STATE ORF	OREIGN 7		WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIN	AORE CITY O	R COUNTY	OF DEATH		
		PA.			S.A.	WIDOW	ED DIVORCED				County		MD.
1	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSI		OR OTHER INSTITUTION		AL OCCUPATION FOR MOST O		176 KIND O	F BUSINE	55 OR
		eonardtown		St.	Mary, s	Hospi	tal	Reg	ister	ed Ni	rse -	Nurs	ing
7		AL RESIDENCE (IF NURS	13b. COUNT		13c. CITY OR TOV		1134. INSIDE CITY LIMITS?	13e.STREE	T ADDRESS	ZIP CODE			
į		Md.	St.Ma	ary's	Hollywo	bod	YES NO T	1			ve/206	36	
	14. FA	THER'S NAME	im	DDLE	EAST		15. MOTHER'S MAIDEN NA	AME	WIDDLE		LAS		
d		George			Butler	_	Gertrud	le			Long		
		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS			
		No	(10.120, 0.12	TAN OK DATES,	218-40-	-0835	Paul T. F	enro	d .	san	ne ac	130	
		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), ar	nd (c).1	1		^		BETWEEN	MATE INTER	EVAL DE ATH
		PART I. DEATH W	AS CAUSED		leng!	2770	moscol	av	40	Cio	(out	-111	
	-		MANTEDIATE			51105.05					/1		
١		Conditions, if ony,	which	DUE 10, 0	R AS A CONSEQU	ENCE OF							
í		gove rise to imn	nediote	(b)									
		couse (a), statin underlying couse		DUE TO, O	R AS A CONSEQU	ENCE OF							
				( (c)									
	z	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISE	ASE OR CON	DITION GIVI	EN IN PART III	0	
_	CERTIFICATION	190 DATE OF OPERAT	IAON	TIRE COND	ITION FOR WHICH	OBEDATIO	ON WAS PERFORMED	20- 411	TOPSY?	Tank IE VES	, WERE FINDIN	ICE HEEF	
1000	5	196 DATE OF OPERAT	ION	198 COND	ITION FOR WHICE	OPERATIC	ON WAS PERFORMED			IN CERTIF	YING CAUSES	OF DEAT	H?
	E	71a. ACCIDENT WAS UND		Int. Thirt of	E la LILIEN		Tax How himsy soons	YES [	,	YES		NO [	]
		OR CONTRIBUTING		HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER	NATURE OF INJUR	IY IN ITEM 18 PA	ART I OR PART ?)		
	MEDICAL	(IF EITHER NOTIFY MEDIC			M.	19							
	AEO	21d INJURY OCCURE		21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	5	TATE
	1	AT WORK AT WOR	RK				E. Child Tell			- 1			
		220.1 certify that (1)		I) ottended th	e deceased from.			, to				that (1) (v	
	1	sow the decease above, (I) (we) (a	ed alive an did) (did not)	at a light gody	after death.	. 0	nd that in (my) (our) apinion	death occur	red on the do	ite and hour	r and from the	couses sto	oted
ì	-	22b. SIGNATURE	10	///	-		DEGREE				22c. DATE	SIGNED	
ı		1	0	1	-	_	ATTENDING PHYSICIAN [	MEDICA DIRECTO	OR PHYSIC				
		22d PHYSICIAN'S NA	AME TYPE OR F	PRINTI		9 1 1	22e ADDRESS		i Harli				
		N. S	Shah, I	M.D.			N. Shah.	M.D.	Le	eonard	ltown,	VID.	20650
	23a 8	URIAL CREMATION.	REMOVAL	23b. DATE	73€	NAME OF C	EMETERY OR CREMATORY	23d LO	CATION				
		Crematio	n	5-27-	-87 Ce	dar	Hill Cremat		Suit	land	P G		Md.
	-	INERAL DIRECTOR		0 07	220		25a. DA	TE REC'D. BY		256 REGISTI	RAR'S SIONAL		PICI .
	W	.Clarke N	Matti	nalev	. Leonard	town	Md. JUN	1 19	18/ Au	ia puni	door- Rand		
							1		347				

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removih the State Dept. of Health and Mental Hygiene prior to burial, cremovih the State Dept. of Health and Mental Hygiene prior to burial, cremovin

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

FOR

(VRA 15, 4)

BP.

March E W U . 6 

COLUMN CO

DELAY NECESSARY, PLEASE TO THE TUNERAL DIRECTOR. A PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS OF THE TOWN PRESTON STREET,

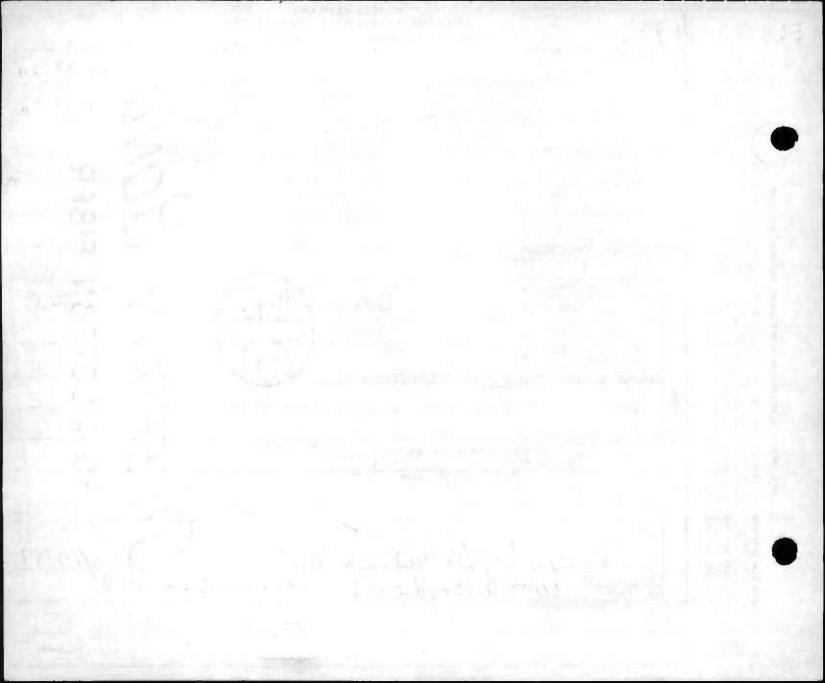
# STATE OF MARYLAND

,	11-	STATE			DEPAKIME	INI OF HE	ALINA	ND WE	NIALH	TGIENE			0.000	4117		
Š		REGISTRAR		ME	DICAL EX	AMINE	R'S CEI	RTIFIC	ATE O	F DEAT	TH/	REG. NO.	5	3	3	7
		CEASED NAM	E FIRST		MIDDLE		tas:	7		2	. DATE KNO		MONTH	DAY	YEAR	26 HOUR
	1111	E OR PRINT)	LORETTA	ED:	ITH	DAVI	S	PER	KINS	18	OF ES		5	19	1987	2 A.
	3 SEX		4 RACE	S. DATE OF BIRTH	6.0	AGE (IN YEARS					c. DATE	A	MÔNTH	DAY	YEAR	2d HOU
	Fe	emale	White	Feb. 17	. 1904	83yrs.	MONTHS	DAYS	HOURS	MIN P	RONOUNCED DEAD		5	19	1.87	730
N	7a Bi	RTHPLACE (S	STATE OR	76. CITIZEN OF W	HAT COUNTRY	V2   0					BALTIMORE	CITY OR	COUNT			
d	FC	Md.		U	.S.A.		MARRIED	-	DIVORCE		St.	Maru				
-	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL NURSI	NG HOME. C				12a USU	AL OCCUPATION	ON (TYPE OF	F WORK	12b K1N	ND OF BU	SINESS
	Co	ompton		(IF NOT IN SUCH FA	home	T ADDRESS)				FOR M	Clerk			Lau	MOT!	\$ &
-				OR OTHER INSTITUTION, GI		DRE ADMISSION)					CTelk	_		Dry	CT	eane
10 1	13a S		136. COUN		13c. CITY OR			. INSIDE CITY			ET ADDRESS	2	0 0			
1		Md.		lary's	Leona	rdtow		ES 🗌	NO []		2, B	ox 3	9 – G	1/20	1650	
	14. FA	THER'S NAM	-	MIDDLE	LAST	7	15	MOTHER	'S MAIDE	NAME	MIDDLE			L	LAST	
e i		Alber				s Sr.		Mai			7	100	Bu	irne	S	
	16a. V	VAS DECEASE ES, NO. OR UNKNI	D EVER IN U.S. AR	MED FORCES? WAR OR DATES!	166. SOCIAL	L SECURITY N	10.	INFORM	ANT		A	DDRESS				
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				ly one couse per line	far (o), (b), ar	nd (c).				1-3		- 161			PROXIMATE	
		PARTID	EATH WAS CAUSE	D BY: TE CAUSE (a)		1)	200	UN	IN	9				1	me	d.
			WW. COLA		AS A CONSE					1				1 3		
			ins, if any, which	4.5						- 14				150		
			ise to immediate ) stating the under-		AS A CONSEC	QUENCE OF										
	1	lying ca	use lost.													
		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING 10 OEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR	CONDITION	CIVEN IN DAR	PT 1 ce						
	Z				TO MENTED	TO THE TERMINA	E BIZERSE OR	CONDITION	DIVER IN TAR	KI 1 '0						
	CERTIFICATION	19a DATE O	FOPERATION	III CONDI	TION FOR WH	ICH OPERAT	ION WAS	PERFORM	ED?					120 A	UTOPSY?	
)	5				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
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)	2	UNDERLYING	G DOR	HOUR A.M	A. MONTH DA	AY YEAR	211.11044	11430111	CCORRE	D (English to)	KTORE OF HOJORT II	TITEM TO PAR	TORPA	(12)		
	MEDICAL		ING CAUSE OF			19	11(1064)	1011								-115
	A COL	21d INJURY	OCCURRED		OF INJURY (/	AT HOME,	71f LOCAT				CITY OR TOWN		COL	UNIY		STATE
		AT WORK	NOT WHILE	-	Cal Jan									1		
	100			ge of the remains des	scribed obove.	held an	Autopsy		Inspection		Inquiry 3	ondi	n my ap	non		
	1	death result	ted from: Notus	rol causes ,	Accident	Sucod	le 📝	Homicia		Undeter	mined manner		, ,			
		<			1	3, 30,00		TITLE (SPI		Onderer	mineo manner				1	
		ACTUAL SIGNATURE	40	/ Som	tion	10	44.0	10	7	MEDIC	* *		DATE	5/	119	187
1	1	SIGNATURE	1	1			, M.D.	1		MEDIC	AL EXAMINE		SIGNE	07	1	
-		EXAMINER'S (TYPE OR PRI	NAME (	Jm D.	13040	LIN	1 D ADI	DRESS	CON	NARO	170W	N,	M	U.		
	23a, B	URIAL, CREMA	TION, REMOVAL	36 DATE	23c. NA/	ME OF CEMET			RY	23d LOC	ATION					
	(:	Burial		5-21-87		Franc				CITY OF	pton,	S+ M	ATT	1 0		ATE
	1			01	06.	T T CHILL	- Land (1)	CY A T		I COIL	P L UII ,	11	UL Y	20	4.104 0	

07/84 25M

**DHMH - 17** (VR A15 ME (5)) 24 FUNERAL DIRECTOR

W.Clarke Mattingley, Leonardtown, Md.



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

0538

Thours ofter death

FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEFARIMENT	Ur	HEALIN	AND MENTAL
CE	RTI	IFICATE	OF DEATH

- 1		377.00	1	- 1	100
-/	REG. NO.	2	V	and	U

							REG. NO		
		FIRST	M	NDDLE	U	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
(TYPE	CA.	THARINI	E GR	EENWELL	PFAI	FF	MAN	12, 198	7 4:10
3. SE:	X	4 R	ACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT		
	FEMALE		CATICA	CTAN	HINOM		02	MONTHS	DAYS HOURS A
Jan D.	IRTHPLACE ISTATE OR FORE	reichi 2h /	CAUCA	VHAT COUNTRY?	NOV.	16, 1903	83	YRS P COUNTY OF DEA	ATH
C	OUNTRY)	FIGN 170 C			MARRIED	NEVER MARRIED	GE 3/15		
	MARYLAND			.S.A.	WIDOWE	Printer.			20650
10 C	ITY OR TOWN OF DEATH			FACILITY, GIVE STREET A		R OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST O		CIND OF BUSINESS USTRY
200	LEONARDTOWN		RT. #				HOMEMAKER		
USU. 13a S	AL RESIDENCE (IF NURSING STATE	IG HOME OR OTHE		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
MA	ARYLAND	ST. MA	ARY'S	LEONARDI		YES NO X	RT. #1, 1	30X 56B	20650
14. F/	ATHER'S NAME	MIDDE	4.6	LAST	100	15. MOTHER'S MAIDEN N	AME		LAST
	JAMES	J		GREENWEL	L	MAMIE	midule	C	OMBS
	WAS DECEASED EVER IN			166 SOCIAL SECUP	RITY NO.	17 INFORMANT	P.O. BOX		
(	YES, NO OR UNKNOWN) (	(IF YES, GIVE WAR	OR DATES)	213-74-2	2225	JOHN R. DRUE			LAND 2065
=	1						ii, iioiiiidii		APPROXIMATE INTERVA
	18 CAUSE OF DEATH PART I. DEATH WA			ine for (6), (6), 6nd	(0)	0 - 0	netas tos		TWEEN ONSET AND DE
CERTIFICATION		lost.  IFICANT CON	(c)	AS A CONSEQUE		NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN P	ART 10'
	190 DATE OF OPERATIO	ON	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATHS
RTIE					OPERATION		YES NO	IN CERTIFYING C	AUSES OF DEATHS
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	RLYING	21b. TIME OF	FINJURY M. MONTH DA				IN CERTIFYING C	AUSES OF DEATHS
MEDICAL CERTIFI	210. ACCIDENT WAS UNDER	RLYING	21b. TIME OF HOUR A.A P.A 21e. PLACE O	FINJURY M. MONTH DA M.	Y YEAR		YES NO	YES THE TIEN THE PART I ORF	AUSES OF DEATH?
EDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	RLYING AUSE OF DEATH L EXAMINER) ED	21b. TIME OF HOUR A.A P.A 21e. PLACE C (AT HOME, STRE	F INJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA	Y YEAR 19	21c. HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJUR	IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	AUSES OF DEATH?
EDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK 220. I certify that (1) (1) spw the deceased	RELYING AUSE OF DEATH L EXAMINER) ED  this hospitol) d olive on	21b. TIME OF HOUR A.A P.A 21e. PLACE C (AT HOME, STRE offended the	F INJURY M. MONTH DA M.  JF INJURY EET, FACTORY, OFFICE, FA	YYEAR 19 ARM, ETC.]	211. HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJUR	IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	AUSES OF DEATH?  NO
EDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF ETITHER, NOTHY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 220. I certify that (1) (1)	RELYING AUSE OF DEATH L EXAMINER) ED  this hospitol) d olive on	21b. TIME OF HOUR A.A P.A 21e. PLACE C (AT HOME, STRE offended the	F INJURY M. MONTH DA M.  JF INJURY EET, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC.]	211. HOW INJURY OCCU 211 LOCATION STREET . 19 d that in (my) (our) opinio	YES NO RRED (ENTER NATURE OF INJUR  CITY OR TOW	IN CERTIFYING C YES  YES  YES  TO COURT	AUSES OF DEATH?  NO
EDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK 220. I certify that (I) (I) sow the deceased obove, (I) (we) (dic	RELYING AUSE OF DEATH L EXAMINER) ED  this hospitol) d olive on	21b. TIME OF HOUR A.A P.A 21e. PLACE C (AT HOME, STRE offended the	F INJURY M. MONTH DA M.  JF INJURY EET, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC.]	211. HOW INJURY OCCU 211 LOCATION STREET  , 19 d that in (my) (our) opinio DEGREE ATTENDING	YES NO RRED (ENTER NATURE OF INJUR  CITY OR TOW  10 MEDICAL STAF	IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	AUSES OF DEATH:  NO
EDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK 220. I certify that (I) (I) sow the deceased obove, (I) (we) (dic	ERLYING	21b, TIME OF HOUR A.A P.A 21e, PLACE C (AT HOME, STRI ottended the	F INJURY M. MONTH DA M.  JF INJURY EET, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC.]	211. HOW INJURY OCCU 211 LOCATION STREET . 19 d that in (my) (our) opinio	YES NO RRED (ENTER NATURE OF INJUR  CITY OR TOW  10 MEDICAL STAF	IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	AUSES OF DEATH:  NO
EDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF ETHER, NOTHY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK 220. I certify that (I) (to sow the deceased above, (I) (we) (dic 22b. SIGNATURE	AUSE OF DEATH LEXAMINER)  ED  LE  K  this hospitol)  d olive on d) (did not) vie	21b, TIME OF HOUR A.A P.A 21e, PLACE C (AT HOME, STRI ottended the	F INJURY M. MONTH DA M.  JF INJURY EET, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC.]	211. HOW INJURY OCCU 211 LOCATION STREET 19 d that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO RRED (ENTER NATURE OF INJUR  CITY OR TOW  10  MEDICAL STAF  DIRECTOR PHYSIC	IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	AUSES OF DEATH:  NO
MEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF ETHER, NOTHY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK 270. I certify that (I) (to sow the decead above. (I) (we) (dic 22b. SIGNATURE  22d. PHYSICIAN'S NAA V. SHAH,	RELYING	21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STREE ottended the	FINJURY M. MONTH DA M.  DF INJURY EET, FACTORY, OFFICE, FA  colory depth	AY YEAR 19 ARM, ETC.]	211 LOCATION STREET  . 19 d that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 72e ADDRESS SHANTI MEDIC	YES NO RRED (ENTER NATURE OF INJUR  CITY OR TOW  10  10  MEDICAL STAF  DIRECTOR PHYSIC	IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	AUSES OF DEATH:  NO
MEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK 220. I certify that (I) (f) sow the deceased obove, (I) (we) (dic 22b. SIGNATURE  22d. PHYSICIAN'S NAM  V. SHAH, BURIAL, CREMATION, RE SPECIFY)	RELYING	21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STREE offended the ew the body of the b	FINJURY M. MONTH DA A. DFINJURY EET, FACTORY, OFFICE, FA collect death.  23c N	AY YEAR 19 ARM, ETC.]  On (	211 LOCATION STREET  19 d that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS SHANTI MEDIC	YES NO RRED (ENTER NATURE OF INJUR  CITY OR TOW  10 OR TOW  MEDICAL STAF  DIRECTOR PHYSIC  CAL BLDG , LI  134 HDD F S	IN CERTIFYING C YES  YES  TO THEM 18, PART 1 ORF  TO COURT  TO COU	AUSES OF DEATH:  NO
WEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE AT WORK 220. I certify that (1) (tr sow the deceased above, (1) (we) (dic 22b. SIGNATURE  22d. PHYSICIAN'S NAM V. SHAH, BURIAL, CREMATION, RE	RELYING	21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STREE ottended the	FINJURY M. MONTH DA A. DFINJURY EET, FACTORY, OFFICE, FA collect death.  23c N	AY YEAR 19 ARM, ETC.]	211. HOW INJURY OCCU 211 LOCATION STREET  19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS SHANTI MEDIC EMETERY OR CREMATORY	YES NO RRED (ENTER NATURE OF INJUR  CITY OR TOW  10  10  MEDICAL STAF  DIRECTOR PHYSIC	IN CERTIFYING C YES  YES  TO COUNTY	AUSES OF DEATH:  NO      ART 2)  INTY STATE  , that (1) (we om the couses state  DATE SIGNED  5-/2-S  N, MD.  STATE  ARY 'S, MD.

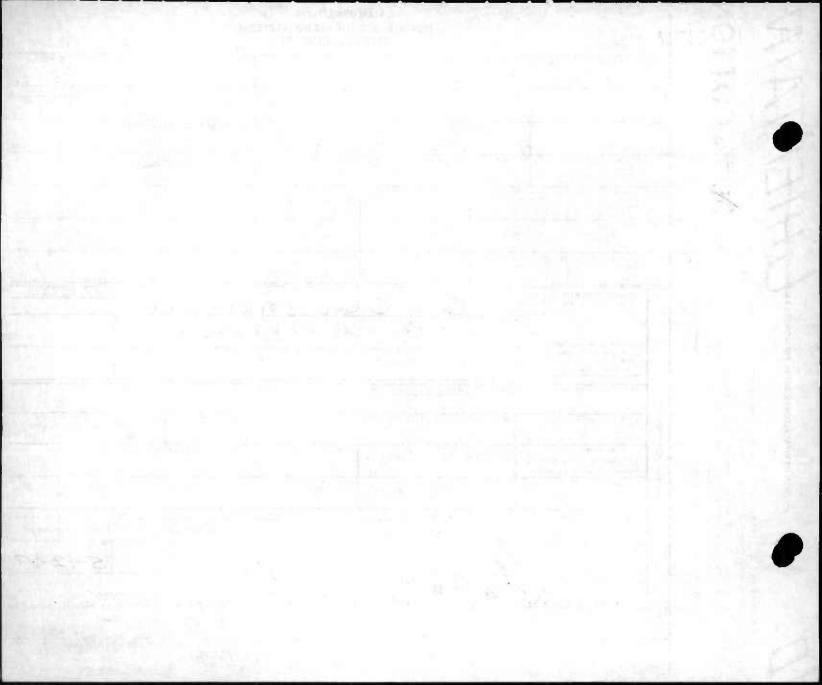
DHMH-16 60M 1/73

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

(VR A 15 (4))

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

MAY 1 5 1987



BP

## STATE OF MARYLAND

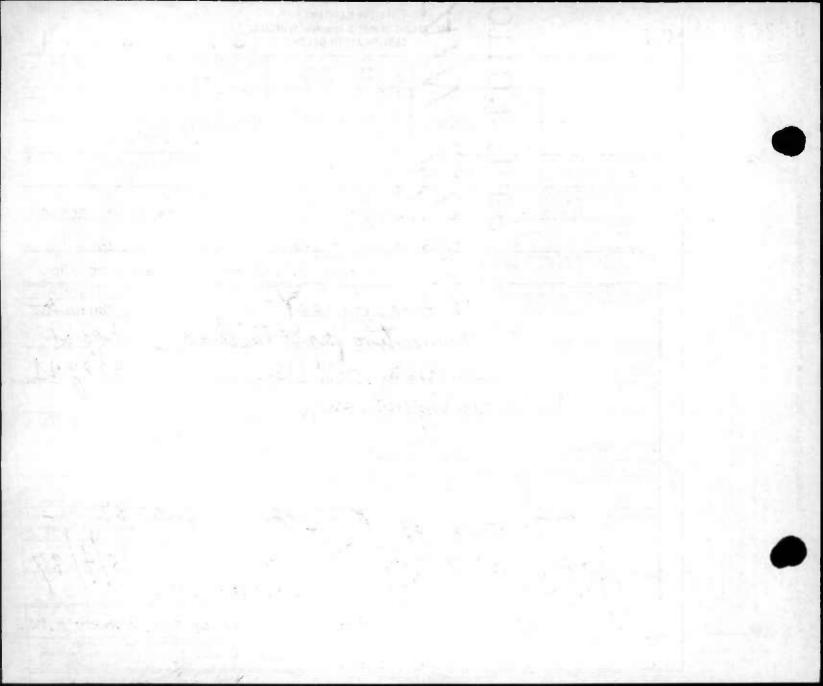
3	TREG. N	10.	5	3	4
EO	FDEATH	MONTH	DAY	YEAR	7h HOL

2681 1111	-17.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 8 7 REG. NO.	5 3 4 1
nay be page 3		CEASED NAME FIRST AN	THONY RUDOI	LPH PILKERTON	May 3, 198	7 YEAR 26 HOUR 9:20
ge 4 may ectar. pag	3. SE	Male	White	5. DATE OF BIRTH  MONTH DAY YEAR  AUG. 18. 1982	6. AGE (IN YEARS LAST BIRTHDAY)  4 YR	MONTHS DATS HOURS N
leath. Par In 72 hour		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		St. Mar	y's County
3	10. C	ty or town of DEATH Leonardtown	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION  TO STATE OF THE PROPERTY OF THE	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS INDUSTRY
filled Filled Filled Filled Filled		STATE 13b COU			13e STREET ADDRESS / ZIP CO	ODE 82-C1/20650
mpletely and 2 sh	14. F.	THER'S NAME	MIDDLE LAST Udolph Pilke	15. MOTHER'S MAIDEN NA		Adams
be execut an and co s. Pages ?		VAS DECEASED EVER IN U.S. A			ADDRESS	same as 13e.
e death certificate e attending physici mave carbon paper holion, or remaval. troumatic event, th		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate	only one couse per line for (a), (b) or ED BY:  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)	ac Amast	Failure_	APPROXIMATE INTERVAL BETWEEN GAISET AND PEA MINISTER HOCKESS,
ires that the gned by the please rebural, cren		couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSTITUTION OF THE CONSTITUTI	wat part UE	MINAL DISEASE OR CONDITION	GIVEN IN PART IN
ne law requi ans been sig i permit. The ene priar ta ene priar ta	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION OF STATE	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
YSICIAN: Tiling physici ling physici s certificate virial-transi Mental Hygi	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART   OR PART 2}
After the start of	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CHYORTOWN	COUNTY STATE
OR ATTEND ne haspital of DIRECTOR: ached for use Dept. af Hea			) ottended the deceased fram	DEPORTE	death occurred on the date and	hour and from the couses stated
TO HOSPITAL TO FUNERAL should be deter with the State		22d PHYSICIAN'S NAME (TYPE J. Pa	trick Jarboe,	THE ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D  nardtown, Md.	20650
PD 5 € 3 ₹	23a. l	JURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY Lady's	Valley Lee	St.Mary's'N

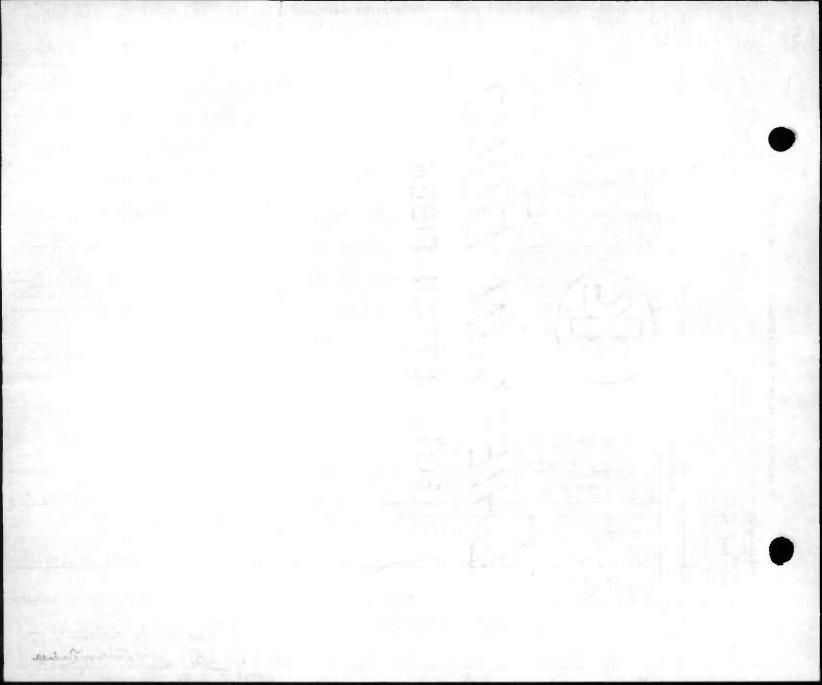
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

W.Clarke Mattingley, Leonardtown, Md

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN X LTHRE OR PRINTS ESTI-JOHN DEATH MATED FRANCIS REED 14 19 87 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Apr.11,1954 33 YRS 19 87 Black Male 14 THE BIRTHPLACE ISSAULCE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. St. Mary's County Md. IS CITY OF TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Naval Air Station Hospital OR INDUSTRY Patuxent River Maintenance Restaurant SUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 3a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS St.Mary's 16 Renell Dr./20653 Md. Lexington Parkes NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Butler Lillian Elmer Reed Carroll 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT ADDRESS Helen Cole, P.O. 547, Hughesville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab wounds of chest and neck IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER BEATH, WITH THE STATE DEPARTMENT OF HE BALLJMORE, MARYLAND, 21201 PDIOD TO THE STATE DEPARTMENT OF HE YES X NO [ 21e EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) UNDERLYING TOR HOUR TO MONTH DA CONTRIBUTING CAUSE OF DEATH 10:30 M. 5-14-HOUR TON MONTH DAY YEAR Subject was stabbed. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OR TOWN 4 Tanner Ave., Lexington Pk., St. Mary's, MD vard 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide X. Notural causes Undetermined monner TITLE (SPECIFY) ACTUAL 5-15-87 Deputy SIGNATURE Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 5-18-87 Charles Memorial Leonardtown, St. Mary Burial 24 FUNERAL DIRECTOR **DHMH - 17** W. Clarke Mattingley, Leonardtown, Md. ha Divideon Pandage (VR A15 ME (5))



STATE OF MARYLAND	
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	8 REG. N	10	5	Ü	a.	Ú
	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HO	UR
	May 22,	1987	7		7:	004
1	6. AGE (IN YEARS LAST BE			ERIYEAR		R 24 HRS

							MEG.	140 8		40		-
1. DECEASED NAME	FIRST	YEAR	MIDDIE	LAST		20. DATE O	F DE ATH	MONTH	DAY	YE AR	26 HOU	IR
(TYPE OR PRINT)	WI	LBUR	JAMES	REYNO	LDS	May	22.	1987			7:0	00A
3. SEX		4 RACE		5 DATE OF BIRTH	1	6. AGE (IN	YEARS LAST	BIRTHDAY)	IF UNDER		IF UNDER	24 HRS
Male		Whi	.te	Apr. 1	,1918 <sup>AR</sup>	69		YRS	MONTHS	DAYS	HOURS	At IN.
To BIRTHPLACE (STATE OFF	ORE IGN	76. CITIZEN O	F WHAT COUNTRY?	8	EVED	9 BALTIMO	DRE CITY	OR COUNT	Y OF DE	ATH		
Va.		U.	S.A.	WIDOWED X	DIVORCED [	5	St.	Mary'	s C	oun	ty	MD
10 CITY OR TOWN OF DEA			HOSPITAL, NURSIN			120 USUAL		ATION IT OF WORKING I			FBUSINE	SSOR
Leonardto	own	(11,401,142	St. Mar	y's Cou	nty	(TYPE OF WOI	KK FOR MOS	OF WORKING I	INU	USIKI		
USUAL RESIDENCE (IF NURS			N. GIVE RESIDENCE BEFORE		SIDE CITY LIMITS?	13e.STREET	ADDRES	S / ZIP COD	E Rt	. 1		

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL 13th, COUNTY STATE Md. St. Mary's Nedley				134. INSIDE CITY LIMITS?	PE Rt. 1,		
)	14 FATHER'S NAME FIRST Rilev	Roger	Reynolds	15. MOTHER'S MAIDEN NA FIRST Carrie	Wirginia	Fulks	
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	T GINO	Ì

Yes W.	N.11 15//	-05-90/1011ve Derr	inger, Leonardi	own, Ma. 2065
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		tong Idiopathic Thyor	boy topenic Parpa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS ACC	INSEQUENCE OF	I bleeding	
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	DNSEQUENCE OF		
DARK D. OTHER CICALISIS AND	CALIFICATION OF CONTROL OF	THE TO BE ATTLED TO BE ATTLED TO THE TEN		

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

			YES NO	YES [	NO [
71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 15		ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	5'

AT WORK NOT WHILE	THE TOTAL STREET, THE TOTAL STREET, THE	/-			- /	
220 I certify that (I) (this has	outed) attended the deceased from	4/15 37 and that in (6	19_8	leath occurred	1/27	hour and from the causes stated
	ot) view the body after death.	DEGREE			on the dore one	122¢ DATE SIGNED
120 Supremone	1/4-	100				THE DATE SIGNED!

12e ADDRESS

David Allen, M.D. Leonardtown, Md. 20650 <sup>131</sup> NAME OF CEMETERY OR CREMATORY Charles Memorial Gardens 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 24 FUNERAL DIRECTOR

FOR STATE

REGISTRAR

W. Clarke Mattingley, Leonardtown, Md.

5-25-87

Leonardtown, St. Mary's, Md.

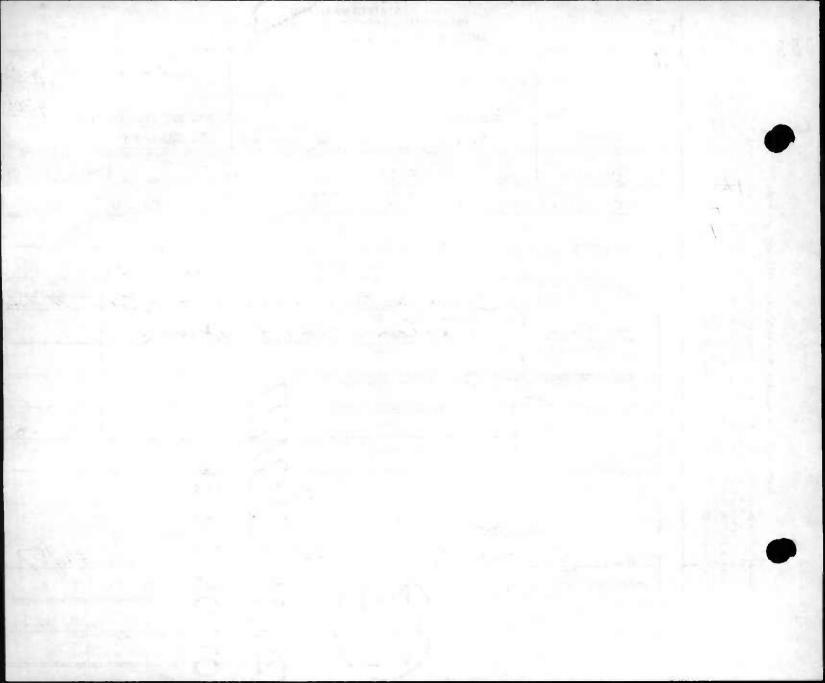
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detach with the State De IMPORTANT: If It

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DEGEASED NAME 20 DATE KNOWN LIVRE OR PRINTS DEATH MALER PALDIRECTOR. OUR FILES. HHIV 72 HOURS 9, 1987 ABNER SEYMOUR RICHMAN 4 RACE DAY 3 SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY DAY VEAD PRONOUNCED MAY 10. 23,1916 DEAD 71 MAT.F. CAUC. JAN. 76 CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! ST. MARY'S U.S.A. NEW YORK WIDOWED X DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY 114 HARBOR LANE CIVIL SERVICE LEXINGTON PARK MANAGER USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 3a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARY 20653 MARYLAND LEXINGTON PK. YES X NO [ 114 HARBOR LANE BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST SAM RICHMAN ROSE MAK 17. INFORMANT IAN WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. BOXDOMESO 9 (YES, NO, OR UNKNOWN) ROSALIE DOOLEY. 1946-1966 A.P.O., N.Y. 09009 YES 111-03-0786 EXAMINER ALONG WI HAL-TRANSIT PERMIT. F O MENTAL HYGIENE, DIV, ON, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSELAND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2D AUTOPSY? BE 3 SHOULD BE DEPARTMENT 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FURWE TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BAITIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted fram Natural causes ACTUAL EXAMINER'S NAME DAVID C. ALLEN, M.D. LEONARDTOWN, MARYLAND 20650 (TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 5/13/87 BURIAL MORAVIAN ISLAND, RICHMOND, N.Y. 24 FUNERAL DIRECTOR BY REGISTRAR 256 -REGISTRAR'S SIGNATURE **DHMH - 17** EDWARD N. BRINSFIELD, JR., LEONARDTOWN. MD.

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



055533 111-

TO

FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL KYGIENE

CERTIFICATE OF DEATH LAST

RIDGELL

S DATE OF BIRTH

OCT.

REG. NO.	0	5	4	2
20 DATE OF DEATH MONTH	DAY	YEAR	2b. HO	UR
MAY 26,	198	7	8:4	51
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDE	R 24
74	MONTHS	DAYS	HOURS	1

BALTIMORE CITY OR COUNTY OF DEATH

FARMER

13e. STREET ADDRESS

MIDDLE I. DECEASED NAME FIRST (TYPE OR PRINT) WALLACE AUGUSTA 4 RACE 3. SEX MALE CAUCASIAN BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A. ID CITY OR TOWN OF DEATH

MARRIED NEVER MARRIED 1 WIDOWED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

ST. MARY'S DIVORCED 120 USUAL OCCUPATION

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

LEONARDTOWN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY MARYT.AND

(YES. NO OR UNKNOWN)

130 CITY OR TOWN ST. MARY'S RIDGE

(IF NOT IN SUCH FACILITY, GIVE STREET AODRESS)

ST. MARY'S NURSING HOME

215-26-3588

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

LAST

13d INSIDE CITY LIMITS? YES X NO [ 15 MOTHER'S MAIDEN NAME

FIRST

25, 1912

FRESH POND NECK RD.

20680 LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

RIDGELL

14 FATHER'S NAME FIRST WILLIAM

NO

CERTIFICATION

MEDICAL

RIDGELL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

LUCY 17 INFORMANT

GENERATES DELIVERY EDWARD RIDGELL, MORGANZA, MARYLAND 20660

18. CAUSE OF DEATH (Enter only one couse per line for (a), 161, and of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF

MIDDLE

Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last,

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)

	ı
21a. ACCIDENT WAS UNDERLYING	2
OR CONTRIBUTING CAUSE OF DEATH	L
(IF EITHER, NOTIFY MEDICAL EXAMINER)	Ŀ
21d INJURY OCCURRED	12

22a. L certify that (1) (this haspital) attended the deceased from

JAMES C. BOYD, M.D.

Ib. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NOF YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

WHILE NOT WHILE AT WORK AT WORK

Is PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 211. LOCATION CITY OR TOWN COUNTY

20a AUTOPSY?

saw the deceased alive ap 5-20 above, (1) (we) (did) (did) (view the body after death 226 SIGNATURE

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE

22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN S MAME CHARGE PERMIT

22e ADDRESS

17 JEFFERSON ST., LEONARDTOWN, MD. 20650

230. BURIAL CREMATION, REMOVAL BURTAT.

23¢ NAME OF CEMETERY OR CREMATORY ST. MICHAELS

RIDGE, ST. MARY'S, MARYLAND

24. FUNERAL DIRECTOR

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

5/29/87

22h DATE

(VR A 15 (4))

250. DATE REC'D. BY REGISTRAR 250 REGISTAR'S

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

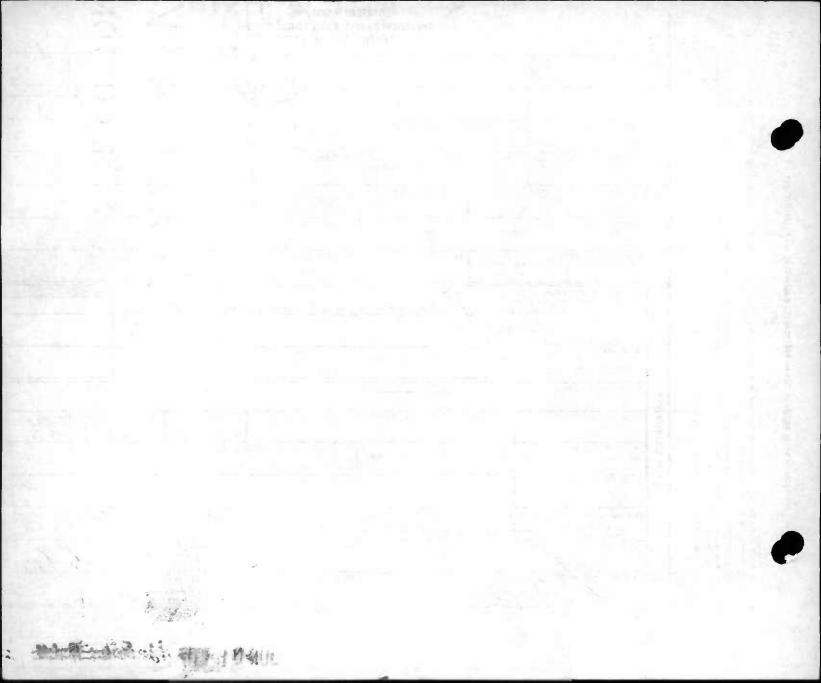
DHMH-16 60M 1/73

Should be detained with the State D MPORTANT

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1		FOR			STA DEPARTMENT OF		AARYLAN I AND M		YGIENE					
.7		STATE REGISTRAR		ME	DICAL EXAMIN	IER'S	CERTIFIC	CATEO	F DEAT	H RE	NO	0	4 0	
-		CEASED NAME	FIRST		WIDDLE		LAST		20	OF ESTI		NONTH D	DAY YEAR	26 HOUR
/			GOL		AE ROS					DEATH MATE	D []	May	1,,198	7 <sub>M</sub>
	3. SEX		4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHE			IF UNDER		DATE	M	I HINOI	DAY YEAR	24 HOUR
1		emale		11 27	1910 76	RS.				DEAD		5 (	1981	M
1	FOR	RTHPLACE (ST REIGN COUNTRY) WASH. ]		76. CITIZEN OF WE	S.A.	MARR	IED   NE	VER MARRI DIVORC	ED L	St.	-	y's	Count	
1/	ID CI	TY OR TOWN	OF DEATH		PITAL, NURSING HOM	E, OR OTH	IER INSTITU	TION		OCCUPATION		WORK 12h	OR INDUSTR	
6		eonard			ry's Hosp				HOUSE			A	T HOM	2
5	ISUA I3a S1		136 COUNT		VE RESIDENCE BEFORE ADMISS 131. CITY OR TOWN MECHANICS		13d INSIDE C	NO [	13e STREET 22	ADDRESS WASHI	NGTO	N RD.	206	59
7	4 FA	THER'S NAME	7	WIDDLE	LAST			ER'S MAIDE	NNAME	WIDDIE			LAST	
91		NORMAL	N	A.	COOKE			NIE		F		C	OOKE	
9		VAS DECEASEI	DEVER IN U.S. ARM		166 SOCIAL SECURI		17. INFOR	THAM		ADI	ORES 34	59 CH	ANEYVI	LLE Ro
-		NO			579-30-54	17	HOL	LY A.	LUKAT			INGS,	Md.20	736
		gave ris	ns, if any, which the ta immediate stating the under- se last.	(b)	AS A CONSEQUENCE	OF				Zeia,				
		PART 2 OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 (o).					
	ATION													
V	75	190 DATE OF	OPERATION	196 CONDI	TION FOR WHICH OPE	RATION	AS PERFOR	MED?	100		1,411		O AUTOPSY?	- Telesco
1	CERTIFIC											11-3	YES 🗆	NO 😿
3	EDICAL CE	UNDERLYING	CAUSE WAS OR OR OCAUSE OF D	EATH P.M	MONTH DAY YEA		OW INJURY	OCCURRE	D LENTER NAT	URE OF INJURY IN I	TEM 18 PART	1 OR PART 2)		
	MEDI	WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (ATHOME, TORY, FARM, ETC.)		STREET			TITY OR TOWN		COUNT	,	STATE
			fy that I taak charge	e of the remains des	Accident . S	Autap uicide	osy [],	Inspection		Inquiry ,	and in	n my apinio	an	
		ACTUAL SIGNATURE	long	Bon of	amp.			PECIFY)		AL EXAMINER		DATE SIGNED	72/F	7.
4	-	EXAMINER'S		m 3 3	ov da	77	ADDRESS	U		red	Du	W	, mb	

230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 5-5-1987

23t. NAME OF CEMETERY OF CREMATORY
CEDAR HILL CEMETERY

23d LOCATION COUNTY

OUNTY STATE

BP BURIAL

24 FUNERAL DIRECTOR
NAME

(VR A15 ME (5))

W. W. CHAMBERS CO.

20M 4/82

RIVERDALE, Md. 20737

MAY 1 1 1987 Juli

SUITLAND

P.G.C. Md.
REGISTRAR'S SIGNATURE
LIA DESIGNATURE

A CONTROL OF THE TOTAL T E AMERICA CONTRACTOR OF THE STATE OF THE STA THE LANGE CHARLEST OF THE REAL PROPERTY OF THE PARTY OF THE PARTY. 

1054518 MAY

#### STATE OF MARYLAND

1	FOR STATE REGISTRAR		•	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG.	NO.	5	3	ling	1
	CEASED NAME	FIRST		NIDDLE	L	AST	20 DATE	OF DEATH	нтиом	DAY	YEAR	26. HO	JR
,,,,,	Caranal	ELLA	MA	RIE	RU	SSELL	MAY	19,	1987				- 1
SE	х		4 RACE	100	5. DATE C		6. AGE IN	YEARS LAST B	RTHDAY)	-	ER I YEAR	IF UNDE	-
F	emale		White		Jul			86	YRS	MONTHS	DAYS	HOURS	MIN
	RTHPLACE (STATOUNTRY) Md		U.S.	A.	MARRIE WIDOWE	D NEVER MARRIED		. Mai	OR COUN	TY OF DE	ATH		M
	olton's		(IF NOT IN SUC	H FACILITY, GIVE STREET		DR OTHER INSTITUTION	(TYPE OF W	ORK FOR MOST	OF WORKING	LIFE) INC	KIND O DUSTRY HOME		ESS OR
JSU.  3a_3	AL RESIDENCE (I	1136 COL	INTY	GIVE RESIDENCE BEFORE 134 CITY OR TOW COLTONS	N	134 INSIDE CITY LIMITS?	13. STREE	TADDRESS eral	Deli	ver	/20	626	
4 F/	ATHER'S NAME FIRST Edwal	rd	WIDDLE	Turner		Mary		izabe	eth	P	hil.s	lips	5
	WAS DECEASED YES, NO OR UNKNOW O		RMED FORCES? VE WAR OR DATES)	212-74-		Edward P.	Rus		ress , sam	ie a	s 1	3e.	
		TH WAS CAUS		Proh	A 6 1.	e Myocard	AL I	CNRA	RETU	in	APPROXI	MATE INTE	
	Canditions, if gave rise to cause (a), underlying	immediate stating the	(b)_		ero ero	scherotto		0					
NO	PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM			NDITION G	IVEN IN	PART 10	, ,	
CERTIFICATION	198 DATE OF O	PERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [	TOPSY?	IN CERT	ES, WERI IFYING ( YES []			TH?
CE	210 ACCIDENT W	AS UNDERLYING	216. TIME O	FINJURY	V VEAD	214 HOW INJURY OCCUR	RED (ENTER	NATURE OF IN	JURY IN ITEM 1	, PART 1 OR	PART 2)		

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	YES NO NO	IN CERTIFYING CAUS	
210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR PART 2	1
214 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE

saw the deceased glive an 4-4-87 19 above, (I) (we) (did) (did not) yield the bady after death and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

DEGREE ATTENDING L MEDICAL STAFF
DIRECTOR PHYSICIAN

228. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS eonard Town,

23a BURIAL, CREMATION, REMOVAL 236 DATE 5-22-87 Burial Sacred Heart Cem.

23c. NAME OF CEMETERY OR CREMATORY

Bushwood, St. Mary's, Md.

24 FUNERAL DIRECTOR

W. "Clarke Mattingley, Leonardtown, Md.

250 DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79

BP.

MPORTANT

TO FUNERAL OIRECTOR: After this certificate should be detached for use as the burial-transit pewith the State Dept, of Health and Mental Hygien

MEDICAL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 20 DATE OF DEATH MONTH DAY DECEASEDINAME YEAR 2b HOUR 4:15<sup>A</sup>. PIYPE OR PRINT 1987 LUCTLE SOPHIA STONE May 25. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS MONTH YEAR FEMALE CAUCASIAN FEB 1900 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWEDX DIVORCED St. Mary's County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER Mary's Hospital Leonardtown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND ST. MARY'S HOLLYWOOD #1, BOX 380 YES T NO X 20636 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDOLE FIRST BENJAMIN NORRIS GOLDSBOROUGE **ADRIANA** RICHES#1. BOX 27 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-34-0439 HOLLYWOOD, MD. MRS. AGNES GUY 20636 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [ 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE # URY IN ITEM 18 PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) STREET AT WORK NOT WHILE 220 I certify that (I) (this hospital) attended the decoased from saw the deceased alive of\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did) 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING'S MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF 11) 22e ADDRESS Leonardtown, Md. 20650 James C. Boyd, M.D.

23¢ NAME OF CEMETERY OR CREMATORY

ST. JOHNS

23d LOCATION

CITY OR TOWN

HOLLYWOOD.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SHONATURE

MARY'S

DHMH - 16 60M 7/B4 (VRA 15, 4)

ld b

230 BURIAL CREMATION REMON

EDWARD N. BRINSFIELD, JR.,

BURTAL

24 FUNERAL DIRECTOR

23h DATE

Latina de la latina de latina de la latina de latina de la latina de latina de la latina de latina de la latina de la latina de latina de la latina 

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neral director, page 3 n 72 haurs after death

## STATE OF MARYLAND

110	-/ STATE		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE	1	
1 0 -	REGISTRAR				AST	REG. NO.	100	4 4
	CEASED NAME FIRST LOUISE CELEST	TE VENDRO	ONE		ASI	MAY 5, 1987	H DAY YEAR	2:58 p <sub>M</sub>
3. SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		AR # UNDER 24 HRS
	Female	Wh	ite	Apr	05 1017	70	YRS MONTHS DAY	S MOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8		BALTIMORE CITY OR CO		
	Va.	U.	S.A.	WIDOWE	D NEVER MARRIED DIVORCED	ST. MARY'S C	OUNTY	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND	OF BUSINESS OR
de	ONARDTOWN		Y'S HOSP			Housewife		ome
	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	
	Md. St.	Mary's	Lexingt	on P	avesko no 🕱	Rt. 1, Box	377,/2	0653
(4 F)	ATHER'S NAME	WIDDIE	LAST	10	15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
1		aymond	Vade	n	Edna	V.	For	_
	WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
(	YES, NO OR UNKNOWN)	VE WAR OR DATES)	228-03-	2228	Blanche Mo	neymaker, P		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), and	dieut /	/		BETWEE	DXMATE INTERVAL N ONSET AND DEATH
		TE CAUSE (0)	cuto Ce	rev	words	acciden	7	
		DUE TO, OR	AS A CONSEQUE	NCEOF				
	Conditions, if ony, which	(d)						
	gove rise to immediate couse (a), stating the	)	AS A CONSEQUE	NCE OF				
	underlying couse lost.	(c)			The second second			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART	110
O	Melastati	Lenna	1.					
AT	190 DATE OF OPERATION	196 CONDI	ON FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FIND	
CERTIFICATION		0	/			YES TO NOTE INC	CERTIFYING CAUSE YES [7]	ES OF DEATH?
ER	210 ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE		
	OR CONTRIBUTING CAUSE OF DE	ALIT		Y YEAR				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.A.		19	21f LOCATION			
ME	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE FA	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hosp	ital) attended the	deceased from	5/	5 19 8 9	10. 0/0	10.8.7	, that (I) (we) last
	saw the deceased alive on	5/5	10 8	7 . ar	nd that in (my) (our) opinion o	death occurred on the date on	id hour and from th	
	obove, (I) (we) (did) (did no 22b. SIGNATURE	the body	affer death.		DEGREE		22v DA	TE SIGNED
		4			ATTENDING .	MEDICAL STAFF	_	10/
	774 PHYSICIAN'S NAME TOB	Total I			PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	3/	6/87
	DR. JENES C.	BOYD M	. D.			, MD. 20650		
	BURIAL, CREMATION, REMOVAL	TEN DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Burial	V5-8-	87 Eb	enez	er Cemetery	Lexington	Park S	t . Marvs .
24. F	UNERAL DIRECTOR	3.0	120	01102		REC'DOBY RECOURAR NO R	GRIBAR STICK	Pupelada
	.Clarke Matt:	inglev	Leonart	OWn	LAA1	8 1981 Am	a printer	
4.4	. CHULING LIUCE.	J T C y ,	TOURGE C	O MATT	1100			

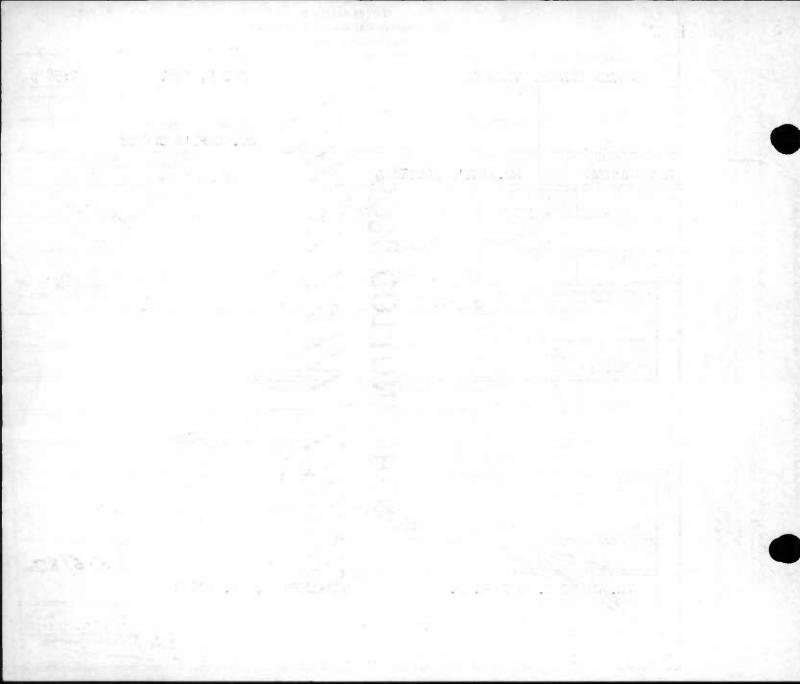
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages Land 2 showith the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 staws any injury, or ather traumatic event, the medical exe

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the retained by the hospital or attending physician.

(VRA 15, 4)

BP.



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#### STATE OF MADVIAND

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	3
IAST	2a DAT	E O

two co co	PST					ak E	G. NO	-	-	W
JOE	JOHN PLOWDEN		WATHEN SR.			May 13	DAY YEAR	26 HOUR 12:2	100	
		RACE		F BIRTH	YEAR	MONTHS DAYS				4 HRS
Male		White		2, 1	917	69	YRS			
70. BIRTHPLACE (STATE OR FOREIGN Th.)  Md.		U.S.A.				st. Mary's County of DEATH				
Leonardtown		1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Mary's Hospital			IITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) State Highway Adm.				
3a STATE 113b	COUNTY	13c CITY OR TOWN	V .	13d. INSIDE C	NO K	Rt. 2,	ess / zip cc Box 6	5-B,/	20650	0
FATHER'S NAME FORD FORD	Willia	am Wather	n		FIRST	MID			AST	
		ATESI						same	as 1	13€
DADY I DEATHMACAC	CAUSED BY: MEDIATE CAUSE	(0) Cardin	ans	257				APPRO- BETWEEN	NMATE INTERVI	AI EATH
gove rise to immedi couse (o), stating underlying couse li	ote ote DUE	(b) Electro no TO, OR AS A CONSEQUE (c) acute w	nce Of	weoil	Lufa			0 00		
190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED		IN CER		ING CAUSES OF DEATH?	
210. ACCIDENT WAS UNDERLY	FOF DEATH HO		Y YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM	8 PART I OR PART 2)		
21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK	NOT WHILE TO		ARM, ETC )	21f. LOCATION STREET		CITY OF TOWN		COUNTY	STA	ATE.
NCL V CITY COLUMN	BIRTHPLACE (STATE OR FOREN COUNTRY)  Md.  CITY OR TOWN OF DEATH  Leonardtown  SUAL RESIDENCE (IF NURSING PIGES)  BY AND STATE  WAS DECEASED EVER IN LETTER (YES NO OR UNKNOWN)  YES  18 CAUSE OF DEATH IE PART 1. DEATH WAS (OUSE OF DEATH WAS OUT OF OWNER UNING OUSE OUT ON THE OWNER WAS ONE OF OWNER UNING OUT OF CONTRIBUTING AUSTREAM CAUSE OF OR CONTRIBUTING AUSTREAM CAUSE OF OR CONTRIBUTING AUSTREAM CAUSE OF OWNER WAS UNDERLY ON CONTRIBUTING AUSTREAM CAUSE OF OWNER WAS UNDER WAS UNDERLY ON CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE O	BIRTHPLACE (STATE OR FOREIGN Md.  CITY OR TOWN OF DEATH LEONARD ST.  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE OF THE NURSING HOME OF THE NURSING HOME.	BIRTHPLACE (STATE OR FOREIGN Md. U.S.A.  CITY OR TOWN OF DEATH  Leonardtown  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE IS A. Mary's Hos STATE  IS COUNTY  Md. St. Mary's Hos SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE IS A. COUNTY  FATHER'S NAME  FORD  WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES NO OR UNKNOWN)  YES  IN MARCH TO A DEATH  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONTRIBUTING OR AS A CONSEQUE  CONDITION FOR WHICH  DUE TO, OR AS A CONSEQUE  CONDITION FOR WHICH  CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING TO DEATH  (IF EITHER NOTEY MEDICAL EXAMINER)  216. NACCIDENT WAS UNDERLYING A.M. MONTH DATE  WHILE NOTEY MEDICAL EXAMINER)  216. PLACE OF INJURY  (ALL HOME, STREEL, FACTORY, OFFICE, F	BIRTHPLACE (STATE OR FOREIGN Md.  U.S.A. WIDOWE WIDOWE OF COUNTRY)  Md.  U.S.A. WIDOWE WIDOWE OF COUNTRY STREET ADDRESS ST. Mary'S Hospital  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISO COUNTY STATE  WILLIAM WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES NO OR UNKNOWN)  YES  ISO OR UNKNOWN)  YES  Conditions, if only, which gove rise to immediate couse (o), stofting the underlying couse lost.  Conditions, if only, which gove rise to immediate couse (o), stofting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT (FEITHER, NOTEY MAS CAUSE OF DEATH (FEITHER, NOTEY MEDIAL CAMP)  190 DATE OF OPERATION  190 DATE OF OPERATION  191 CONDITION FOR WHICH OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT (FEITHER, NOTEY MEDICAL EXAMINER)  211 NJURY OCCURRED  WHILE OF PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 191 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 192 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 194 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	BIRTHPLACE (STATE OR FOREIGN Md. U.S.A. WIDOWED DE COUNTRY) Md.  CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS)  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  IS STATE 136. COUNTY SHOPE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  FATHER'S NAME FIRST WILLIAM WATHEN CATHER STREET ADDRESS)  FATHER'S NAME FIRST WILLIAM WATHEN CATHER STREET OR OR UNKNOWN)  WILLIAM WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) CASHALL SECURITY NO. 17. INFORMATION OF THE PART IN THE PART	BIRTHPLACE (STATE OF PORCEGN Md. U.S.A. WIGOWED DOWNCED DOWNCE (IF NURSING HOME OR OTHER INSTITUTION CIVE RESIDENCE BEFORE ADMISSION)  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CIVE RESIDENCE BEFORE ADMISSION)  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CIVE RESIDENCE BEFORE ADMISSION)  IS CAUSE OF THE NURSING HOME OR OTHER INSTITUTION CIVE RESIDENCE BEFORE ADMISSION (IS CONTRIBUTION CIVE RESIDENCE BEFORE ADMISSION)  IS CAUSE OF DEATH (Enter only One COUSE PORCES? (15% SOCIAL SECURITY NO. 113.6 INSIDE CITY LIMITS?  YES NO OR UNKNOWN)  IS CAUSE OF DEATH (Enter only One COUSE PORCES? (15% SOCIAL SECURITY NO. 117. INFORMANT CATHER OF THE PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  CONDUCTION OF UNKNOWN (15% SOUTH COUSE DEATH OF THE PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  CONDUCTION OF UNKNOWN (15% ON AS A CONSEQUENCE OF COUSE (0), SIGNING THE UNDOWNCE DEATH BUT NOT RELATED TO THE TERM DUE TO, OR AS A CONSEQUENCE OF COUSE (0), SIGNING THE UNDOWNCE DEATH BUT NOT RELATED TO THE TERM OR CONTRIBUTION OF CONTRIBUTION O	BIRTHPLACE (STATE OR FOREIGN Md. U.S.A. WARRIED NOVER MARRIED DOUGLES ST. Md. U.S.A. WARRIED NOVER MARRIED ST. MARRIED NOVER DOUGLES ST. MARRIED NOVER MARRIED ST. MARRIED NOVER MARRIED NOVER MARRI	BRITHPLACE (STATE OR FOREIGN OUNTRY)  Md.  U.S.A.  WIDOWED DNORCED 12 St. Mary's  CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LEONARTOWN  St. Mary's Hospital  SUAL RESIDENCE (IR NURSING HOME OR OTHER INSTITUTION) STATE  STATE  Md.  ST. Mary's Hospital  SUAL RESIDENCE (IR NURSING HOME OR OTHER INSTITUTION) STATE HIGHWA  STATE  MO.  ST. Mary's Hospital  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT HOW OWNER FOR MOST OF WORKERS MOST OF WORKERS AND IN HORSE HIGHWA  STATE HIGHWA  SALE HIGHWA	BRITHPLACE (STATE OF LORGISM OF DEATH OF LORGISM OF COUNTRY)  Md.  U.S.A. WIDOWED DNORCED St. Mary's County  St. Mary's County  St. Mary's County  St. Mary's County  Leonardtown  Leonardtown  Leonardtown  St. Mary's Hospital  Leonardtown  St. Mary's Hospital  St. Mary's Hospital  St. Mary's Hospital  St. Mary's Hospital  FATHER'S NAME  FORD  WILLIAM WAS DECEASED EVER IN U.S. ARMED FORCES?  (TYS. NOG NUNNOWN)  BECAUSE OF DEATH HENTER ONly one couse per line for (o), (b), and (c.)  PART 1. DEATH WAS CAUSED BY:  Conditions, if Dry, which gove rise to immediate couse lost.  Conditions, if Dry, which gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse or DIATH OF PLACE OF INJURY  HOW AM. MONTH DAY YEAR  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  DUE TO, OR AS A CONSEQUENCE OF Underlying CAUSE OF INJURY  HOW AM. MONTH DAY YEAR  PART 3. DOWN THE WAS CAUSED BY THE W	BRITHACE (STATE ORIONEOM DE DEATH U.S.A. WIDOWED) SHAPE OR COUNTY OF DEATH U.S.A. WIDOWED) DNORCED St. Mary's County DNORCED St. Mary's County DNORCED St. Mary's County DNORCED DNORCED DNORCED St. Mary's County DNORCED St. Mary's County DNORCED St. Mary's County DNORCED DNORCED St. Mary's Hopping State Highway Adm.  SUAL RESIDENCE (IF MURSHICH ONLY ON CHIPTEN MORE HORSE AND STATE HIGH DNAW STATE HIGHWAY) Adm.  SUAL RESIDENCE (IF MURSHICH ONLY ON CHIPTEN MORE HIGH AND STATE HIGH DNAW ADDRESS TO THE OWN OF THE WORLD AND CHIPTEN WAS COUNTY OF THE WORLD AND CHIPTEN WAS COUNTY OF THE WORLD AND CHIPTEN WAS COUNTY OF THE WORLD AND COUNTY OF THE WORLD AN

John F. Fenwick, M.D.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED

DEGREE

20650 Leonardtown, MD

230 BURIAL, CREMATION, REMOVAL Burial

Charles Memorial
Gardens

Leonardtown, St. Mary's, Md.

24 FUNERAL DIRECTOR

Clarke Mattingley, Leonardtown, Md.

5-16-87

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. Afra should be detached for use os with the State Dept. of Health MPORTANT: If hem 21 is

urial-transit permit. Then pleas ental Hygiene priar ta burial,

Serie Thates --Interest etc. ... seek as of a Mich La . moleculos 

STATE OF MARYLAND

